

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>	$\frac{1}{4}$ <b>N1/2</b> $\frac{1}{4}$ <b>N1/2</b> $\frac{1}{4}$	<b>36</b>	<b>T 7 S</b>	<b>R 34 EW</b>

Distance and direction from nearest town or city street address of well if located within city?

**Lot Twenty (20), Block Three (3) of El Chaperal**

2 WATER WELL OWNER: <b>Tim McKee</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :	Application Number:
City, State, ZIP Code: <b>Colby, Ks. 67701</b>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <b>187</b> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.
	WELL'S STATIC WATER LEVEL <b>96</b> ft. below land surface measured on mo/day/yr
	Pump test data: Well water was .... ft. after .... hours pumping .... gpm
	Est. Yield .... gpm: Well water was .... ft. after .... hours pumping .... gpm
	Bore Hole Diameter <b>8</b> in. to <b>187</b> ft., and .... in. to .... ft.
WELL WATER TO BE USED AS:	
1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below) 2 Irrigation      4 Industrial      7 Lawn and garden only      10 Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes.....No... <b>X</b> ..... If yes, mo/day/yr sample was submitted	
Water Well Disinfected? Yes      No <b>X</b>	

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> ... Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	Welded
Blank casing diameter <b>4.5</b> in. to <b>147</b> ft., Dia			Threaded
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>248</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes
SCREEN-PERFORATED INTERVALS: From <b>147</b> ft. to <b>187</b> ft., From .... ft. to .... ft.			
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>187</b> ft., From .... ft. to .... ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Intervals: From <b>0</b> ft. to <b>20</b> ft., From .... ft. to .... ft.				
What is the nearest source of possible contamination:				
1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
Direction from well? How many feet?				

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	130	142	Med. Sand & Gravel w/Clay
2	20	Loess	142	158.5	Cemented Sand w/Clay, Caliche & Some Sand Strks.
20	55	Clay			
55	60	Sandy Clay w/Sand Strks.	158.5	175	Med. Sand & Gravel w/a few Caliche & Clay Strks.
60	65	Med. Sand & Gravel w/Clay St.			
65	72	Sandy Clay W/Med. Sand Strks.	175	179	Cemented Sand & Caliche w/a few Sand Strks.
72	80	Sandy Clay & Caliche w/ a few Sand Strks.	179	181	Sandy Clay w/Caliche
80	83	Cemented Sand w/Clay & Caliche	181	186	Cemented Sand, Clay caliche & Some Sand
83	87	Med. Sand			
87	95	Sandy Clay, Caliche & S. Sand	186	187	Ochra
95	107	Med. Sand & Gravel w/Clay Strk			
107	113	Sandy Clay & Caliche			
113	120	Fine to Med. Sand w/Clay			
120	130	Tight Fine To Med. Sand w/Clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>10-25-94</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>10-31-94</b> under the business name of <b>Woofter Pump &amp; Well, Inc.</b> by (signature) <i>[Signature]</i>
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INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.