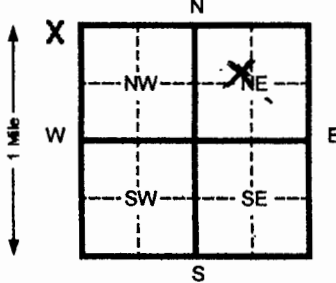


1 LOCATION OF WATER WELL: County: Thomas	Fraction: SE 1/4 NW 1/4 NE 1/4	Section Number: 18	Township Number: T 8 S	Range Number: R 32 EW
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Greg Bartlett RR#, St. Address, Box #: 1698 Co. Rd 26 City, State, ZIP Code: Colby, Ks 67701	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 225 ft. ELEVATION: Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL na 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 8 in. to 240 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes X No _____
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter 4.5 in. to 185 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____ 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) _____ 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____ 7 Torch cut SCREEN-PERFORATED INTERVALS: From 185 ft. to 225 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 225 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals From 0 ft. to 20 ft. From _____ ft. to _____ 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) none Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	140	158	Med sand w/clay & caliche strks
2	34		Loess	158	164	Sandstone
34	43		Clay w/caliche	164	173	Fine to med sand
43	48		Fine to med sd w/gravel	173	189	Fine to med sd w/clay lenses &
48	60		Fine to med sd w/some gravel			Caliche strks
			w/clay	189	192	Med sand w/caliche lenses
60	89		Fine to med sand w/clay &	192	234	Fine to med sd w/caliche lenses
			Caliche lenses	234	240	Yellow ochre/gray shale
89	103		Caliche & clay w/sand strks			
103	120		Med sd w/caliche strks & clay			
			Lenses			
120	131		Med sd w/caliche lenses & clay			
			Strks			
131	140		Med sand w/clay & caliche strks			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 11-24-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 12-8-06 under the business name of Woofor Pump & Well Inc. by (signature) <i>Wayne Woofor</i>

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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