

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		NE 1/4 NE 1/4 NE 1/4	30	T 8 S	R 32 E
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Doyle Saddler					
RR#, St. Address, Box # : 1375 Rd 26			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Colby, Ks 67701			Application Number: 20070100		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 200 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 200 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 _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
2 PVC		4 ABS		8 Concrete tile	
		7 Fiberglass		CASING JOINTS: Glued X Clamped _____	
				Welded _____	
Blank casing diameter 4.5 in. to 160 ft., Dia				Threaded _____	
Casing height above land surface 18 in., weight 2.38 lbs./ft.				Wall thickness or gauge No. .248	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:					
From 160 ft. to 200 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:					
From 20 ft. to 200 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) none	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface		
2	16		Loess	108	111
16	29		Clay	111	136
29	43		Clay & caliche	136	154
43	57		Fine to med sand w/clay & Caliche strks	154	159
57	62		Clay w/caliche		
62	72		Fine to med sd w/clay & caliche Strks	159	173
72	78		Clay & caliche w/sand strks	173	180
78	84		Fine to some med sd w/clay & Caliche strks	180	193
84	101		Clay & caliche w/sand lenses	193	200
101	108		Fine to med sd w/clay & caliche		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/yr) 3-26-07 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) 3-27-07 under the business name of Woofter Pump & Well Inc. by signature <i>P. Woofter</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 Jackson St., Ste. 420, Topeka, Kansas 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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