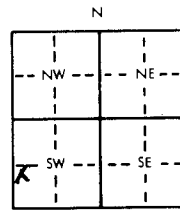


CCB

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number			
County: <u>Thomas</u>		<u>NW 1/4 SW 1/4 SW 1/4</u>	<u>9</u>	<u>T 8 S</u>	<u>R 32 EW</u>			
Distance and direction from nearest town or city? <u>7 M. E. 2 M. S. 1/2 M. NE. of Colby</u>			Street address of well if located within city?					
2 WATER WELL OWNER: <u>Harold E Upchurch</u>			Board of Agriculture, Division of Water Resources					
RR#, St. Address, Box #: <u>355 W. 5th St</u>			Application Number:					
City, State, ZIP Code: <u>Colby, Kansas 67701</u>								
3 DEPTH OF COMPLETED WELL: <u>215</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>215</u> ft. and ..... in. to ..... ft.								
Well Water to be used as:								
1 Domestic		3 Feedlot		5 Public water supply				
2 Irrigation		4 Industrial		6 Oil field water supply				
		7 Lawn and garden only		8 Air conditioning				
				9 Dewatering				
				10 Observation well				
				11 Injection well				
				12 Other (Specify below)				
Well's static water level: <u>68</u> ft. below land surface measured on ..... month <u>23</u> day <u>78</u> year								
Pump Test Data: <u>NA</u> Well water was ..... ft. after ..... hours pumping ..... gpm								
Est. Yield: <u>Not tested</u> gpm Well water was ..... ft. after ..... hours pumping ..... gpm								
4 TYPE OF BLANK CASING USED:								
1 Steel		3 RMP (SR)		5 Wrought iron				
2 PVC		4 ABS		6 Asbestos-Cement				
				7 Fiberglass				
				8 Concrete tile				
				9 Other (specify below)				
				Casing Joints: Glued <input checked="" type="checkbox"/> Clamped				
				Welded				
				Threaded				
Blank casing dia: <u>5</u> in. to <u>19.5</u> ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.								
Casing height above land surface: <u>18</u> in., weight <u>18/10</u> lbs./ft. Wall thickness or gauge No. <u>250</u>								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel		3 Stainless steel		5 Fiberglass				
2 Brass		4 Galvanized steel		6 Concrete tile				
				7 PVC				
				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-Perforation Dia: <u>5</u> in. to <u>19.5-215</u> ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.								
Screen-Perforated Intervals: From <u>19.5</u> ft. to <u>215</u> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.								
Gravel Pack Intervals: From <u>18</u> ft. to <u>215</u> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.								
5 GROUT MATERIAL:								
1 Neat cement		2 Cement grout		3 Bentonite				
4 Other								
Grouted Intervals: From ..... ft. to ..... ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.								
What is the nearest source of possible contamination? <u>NA</u>								
1 Septic tank		4 Cess pool		7 Sewage lagoon				
2 Sewer lines		5 Seepage pit		8 Feed yard				
3 Lateral lines		6 Pit privy		9 Livestock pens				
				10 Fuel storage				
				11 Fertilizer storage				
				12 Insecticide storage				
				13 Watertight sewer lines				
				14 Abandoned water well				
				15 Oil well/Gas well				
				16 Other (specify below)				
				<u>pasture Land</u>				
Direction from well ..... How many feet ..... ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>								
Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted ..... month ..... day ..... year								
If Yes: Pump Manufacturer's name: <u>windmill well</u> Model No. .... HP ..... Volts .....								
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.								
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other								
6 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 ..... month <u>23</u> day <u>78</u> year								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>139</u>								
This Water Well Record was completed on ..... month <u>8</u> day <u>79</u> year under the business name of <u>Bartell Drilling</u> by (signature) <u>Joey Bartell</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	16	Top Soil				
		16	32	Sand Rock				
		32	100	Sand & Sand Rock Strips				
		100	104	Rock				
		104	144	Sand & Sand Rock Strips				
		144	166	Sand & Sand Rock Strips				
		166	212	Sand & Sand Rock Strips				
		212	215	OK				
		BROCK 212'						
ELEVATION:								
Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)								
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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.								

OFFICE USE ONLY

T

R

32

EW

SEC

9

NW 1/4 SW 1/4 SW 1/4