

1 LOCATION OF WATER WELL: County: <u>Thomas</u>		Fraction <u>C</u> $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number <u>22</u>	Township Number <u>T 8 S</u>	Range Number <u>R 33 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 Miles East, 3 Miles South, 1/2 Mile West of Colby</u>					
2 WATER WELL OWNER: <u>Richard Breit</u> <u>White & Ellis Drilling, Inc.</u> RR#, St. Address, Box # : <u>4104 2nd St.</u> <u>P. O. Box 1586</u> Board of Agriculture, Division of Water Resources City, State, ZIP Code : <u>Great Bend, Ks. 67530</u> <u>Great Bend, Ks. 67530</u> Application Number: <u>960461</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>202</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>121</u> 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 <u>8</u> in. to <u>202</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot <u>6 Oil field water supply</u> 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 <u>X</u> _____ If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u> _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 <u>PVC</u>		4 <u>ABS</u>		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter _____ in. to <u>162</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>.248</u>				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued _____ Clamped _____	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 <u>RMP (SR)</u>	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:				5 Gauzed wrapped	
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>162</u> ft. to <u>202</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>202</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>20</u> 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) _____	
Direction from well? <u>SW</u>				How many feet? <u>150'</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	153	159	Med. Sand
2	20	Loess	159	162	Cemented Sand w/Clay
20	52	Clay & Caliche	162	165	Med. Sand
52	57	Med. Sand w/Clay Strks.	165	175	Clay
57	62	Clay	175	178	Med. Sand
62	80	Sandy Clay w/Sand Strks.	178	185	Sandy Clay w/Sand Strks.
80	91	Med. Sand & Gravel w/a Few	185	199	Med. Sand w/a Few Fine
91	100	Sticky Clay Clay Lysr			Clay Lenses
100	107	Med. Sand	199	200	Shale
107	114	Sandy Clay			
114	121	Med. Sand w/Clay			
121	130	Sandy Clay			
130	131	Caliche			
131	153	Sandy Clay & Caliche w/Some Med. Sand			
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/year) <u>12-17-96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>12-26-96</u> under the business name of <u>Woofter Pump & Well, Inc.</u> by (signature) <u>[Signature]</u>					
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.					

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