

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		<u>SE 1/4 NW 1/4 NW 1/4</u>	<u>23</u>	<u>T 8 S</u>	<u>R 33 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3 Miles East, 3 1/2 Miles South Of Colby</u>					
2 WATER WELL OWNER: <u>Vacin Farms</u> <u>White & Ellis Drilling, Inc.</u>					
RR#, St. Address, Box #: <u>Colby, Ks. 67701</u> <u>Box 1586</u> Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: <u>Great Bend, Ks. 67530</u> Application Number: <u>950393</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>200</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>98</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL _____ 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>200</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 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 <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 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____					
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass _____ Threaded _____					
Blank casing diameter <u>4.5</u> in. to <u>160</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____					
9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>160</u> ft. to <u>200</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>200</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 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 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) _____					
13 Insecticide storage _____					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	119	126	Med. Sand & Gravel
2	20	Loess	126	127	Chirt
20	36	Clay	127	143	Sandy Clay w/Cem. Sand Strks.
36	40	Med. Sand & Gravel w/Cem.Str	143	155	Sandy Clay w/Sand Strks
40	50	Med. Sand & Gravel	155	160	Med. Sand & Gravel w/Clay St.
50	52	Sandy Clay & Caliche	160	175	Med. Sand w/Tight Strks
52	65	Cemented Sand w/Clay & Sand St	175	199	Fine to Med. Sand w/Clay Lys
65	75	Sandy Clay w/Cemented Sand St	199	200	Ochre
75	83	Sandy Clay			
83	99.5	Med. Sand w/Clay & Cem. Str.			
99.5	100	Sandstone			
100	105	Clay			
105	113	Sandy Clay & Caliche			
113	116	Sandy Clay & Caliche w/Med. Sand Strks.			
116	119	Sandstone			
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) <u>12-2-95</u> and this record is true to the best of my knowledge and belief. <u>Kansas</u>					
Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>12-5-95</u>					
under the business name of <u>Woofter Pump & Well, Inc.</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.					

OFFICE USE ONLY

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E.W.

SEC.

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