

Corrected

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																																			
County: Thomas		SW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$		3		T 8 S		R 33 E																																																																																																			
Distance and direction from nearest town or city street address of well if located within city?																																																																																																											
2 WATER WELL OWNER: City of Colby																																																																																																											
RR#, St. Address, Box #: 585 North Franklin																																																																																																											
City, State, ZIP Code: Colby, Ks 67701																																																																																																											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																																																																																											
		4 DEPTH OF COMPLETED WELL 281 ft. ELEVATION: _____																																																																																																									
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																																																																									
		WELL'S STATIC WATER LEVEL 172 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 32 in. to 281 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden (domestic) <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No _____ If yes, mo/day/yr sample was submitted _____																																																																																																									
5 TYPE OF BLANK CASING USED:																																																																																																											
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded <input checked="" type="checkbox"/> X <input type="checkbox"/> 7 Fiberglass _____ Threaded _____ Blank casing diameter 16 in. to 241 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 24 in., weight 62.5 lbs./ft. Wall thickness or gauge No. .375																																																																																																											
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																																																											
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 2 Mill slot <input checked="" type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Leveled shutter <input type="checkbox"/> 4 Key punched <input checked="" type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____																																																																																																											
SCREEN-PERFORATED INTERVALS:																																																																																																											
From 241 ft. to 281 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 210 ft. to 274 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																																																											
6 GROUT MATERIAL:																																																																																																											
<input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other 197 TO 210; 274 TO 281 Grout intervals From 0 ft. to 20 ft. From 20 ft. to 25 ft. From 90 ft. to 105 ft. What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/ Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) NONE <input type="checkbox"/> 13 Insecticide storage																																																																																																											
Direction from well? _____ How many feet? _____																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td></td> <td>Surface</td> <td>158</td> <td>168</td> <td>Fine to some med sd w/clay lens</td> </tr> <tr> <td>2</td> <td>15</td> <td></td> <td>Loess</td> <td>168</td> <td>172</td> <td>Clay</td> </tr> <tr> <td>15</td> <td>52</td> <td></td> <td>Clay</td> <td>172</td> <td>175</td> <td>Fine to some med sd</td> </tr> <tr> <td>52</td> <td>73</td> <td></td> <td>Clay w/caliche strks</td> <td>175</td> <td>186</td> <td>Clay</td> </tr> <tr> <td>73</td> <td>85</td> <td></td> <td>Fine to med sd & some gravel w/clay lens</td> <td>186</td> <td>191</td> <td>Fine to some med sd w/caliche lens</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>191</td> <td>197</td> <td>Fine to med sand</td> </tr> <tr> <td>85</td> <td>93</td> <td></td> <td>Cemented sd</td> <td>197</td> <td>201</td> <td>Caliche & chirt</td> </tr> <tr> <td>93</td> <td>102</td> <td></td> <td>Clay w/caliche strks</td> <td>201</td> <td>210</td> <td>Clay</td> </tr> <tr> <td>102</td> <td>117</td> <td></td> <td>Clay w/ cemented sd strks</td> <td>210</td> <td>214</td> <td>Fine to some med sd w/clay lens</td> </tr> <tr> <td>117</td> <td>136</td> <td></td> <td>Sandy clay</td> <td>214</td> <td>221</td> <td>Fine to med sd & some gravel w/clay lens</td> </tr> <tr> <td>136</td> <td>146</td> <td></td> <td>Fine to some med. Sand w/ Sandy clay strks</td> <td>221</td> <td>226</td> <td>Fine to med sand</td> </tr> <tr> <td>146</td> <td>151</td> <td></td> <td>Clay</td> <td>226</td> <td>232</td> <td>Fine to med sd & some gravel w/clay lens</td> </tr> <tr> <td>151</td> <td>158</td> <td></td> <td>Sandy clay & caliche strks</td> <td></td> <td></td> <td>Lens (cont on pg 1 of 2)</td> </tr> </tbody> </table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2		Surface	158	168	Fine to some med sd w/clay lens	2	15		Loess	168	172	Clay	15	52		Clay	172	175	Fine to some med sd	52	73		Clay w/caliche strks	175	186	Clay	73	85		Fine to med sd & some gravel w/clay lens	186	191	Fine to some med sd w/caliche lens					191	197	Fine to med sand	85	93		Cemented sd	197	201	Caliche & chirt	93	102		Clay w/caliche strks	201	210	Clay	102	117		Clay w/ cemented sd strks	210	214	Fine to some med sd w/clay lens	117	136		Sandy clay	214	221	Fine to med sd & some gravel w/clay lens	136	146		Fine to some med. Sand w/ Sandy clay strks	221	226	Fine to med sand	146	151		Clay	226	232	Fine to med sd & some gravel w/clay lens	151	158		Sandy clay & caliche strks			Lens (cont on pg 1 of 2)
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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/yr) 3-02-05 and this record is true to the best of my knowledge and belief. Kansas																																																																																																											
Water Well Contractor's License No. 654 This Water Well Record was completed on (mo/day/yr) 6-10-05																																																																																																											
under the business name of Woofert Pump & Well Inc. by (signature) <i>[Signature]</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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																																											

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