

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																																										
County: Thomas		NE ¼ NE ¼ SE ¼		4		T 8 S		R 33 E/W																																																																																																										
Distance and direction from nearest town or city street address of well if located within city?																																																																																																																		
2 WATER WELL OWNER: Thomas Co Landfill—Lary Jumper--Operator																																																																																																																		
RR#, St. Address, Box #: 300 N Court						Board of Agriculture, Division of Water Resources																																																																																																												
City, State, ZIP Code: Colby, KS 67701						Application Number: 46338																																																																																																												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 258 ft. ELEVATION:																																																																																																																
		Depth(s) Groundwater Encountered 1 _____ 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 12 in. to 258 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 _____ No X																																																																																																																		
5 TYPE OF BLANK CASING USED:																																																																																																																		
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____																																																																																																																		
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____																																																																																																																		
7 Fiberglass Threaded _____																																																																																																																		
Blank casing diameter 8 in. to 258 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																																																																																																																		
Casing height above land surface 18 in., weight 5.54 lbs./ft. Wall thickness or gauge No. .322																																																																																																																		
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																																																																		
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement																																																																																																																		
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____																																																																																																																		
12 None used (open hole)																																																																																																																		
SCREEN OR PERFORATION OPENINGS ARE:																																																																																																																		
1 Continuous slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)																																																																																																																		
2 Louvered shutter 3 Mill slot 9 Wire wrapped 10 Drilled holes																																																																																																																		
4 Key punched 7 Torch cut 10 Other (specify) _____																																																																																																																		
SCREEN-PERFORATED INTERVALS: From 218 ft. to 258 ft. From _____ ft. to _____ ft.																																																																																																																		
GRAVEL PACK INTERVALS: From 215 ft. to 258 ft. From _____ ft. to _____ ft.																																																																																																																		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																																																																																																		
Grout Intervals From 0 ft. to 215 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 None																																																																																																																		
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>143</td> <td>146</td> <td>Caliche</td> </tr> <tr> <td>2</td> <td>15</td> <td></td> <td>Loess</td> <td>146</td> <td>157</td> <td>Fine to med sand w/sandy clay lens</td> </tr> <tr> <td>15</td> <td>35</td> <td></td> <td>Clay</td> <td>157</td> <td>164</td> <td>Sandy clay</td> </tr> <tr> <td>35</td> <td>53</td> <td></td> <td>Fine to some med sand w/clay str</td> <td>164</td> <td>171</td> <td>Fine sand</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>171</td> <td>175</td> <td>Clay with caliche</td> </tr> <tr> <td>53</td> <td>70</td> <td></td> <td>Clay & Caliche</td> <td>175</td> <td>184</td> <td>Fine to med sand with clay & caliche</td> </tr> <tr> <td>70</td> <td>87</td> <td></td> <td>Med sand & gravel</td> <td>184</td> <td>201</td> <td>Sandy clay & caliche</td> </tr> <tr> <td>87</td> <td>90</td> <td></td> <td>Clay</td> <td>201</td> <td>217</td> <td>Fine to some med sand</td> </tr> <tr> <td>90</td> <td>95</td> <td></td> <td>Caliche and clay</td> <td>217</td> <td>223</td> <td>Clay</td> </tr> <tr> <td>95</td> <td>111</td> <td></td> <td>Med sand & gravel</td> <td>223</td> <td>240</td> <td>Fine to some med sand</td> </tr> <tr> <td>116</td> <td>116</td> <td></td> <td>Sandstone with sand str</td> <td>240</td> <td>245</td> <td>Clay</td> </tr> <tr> <td>116</td> <td>118</td> <td></td> <td>Clay</td> <td>245</td> <td>255</td> <td>Fine to med sand & gravel</td> </tr> <tr> <td>118</td> <td>127</td> <td></td> <td>Fine to med sand & gravel</td> <td>255</td> <td>257</td> <td>Yellow ochre</td> </tr> <tr> <td>127</td> <td>143</td> <td></td> <td>Fine-med sand w/sand clay str</td> <td>257</td> <td>260</td> <td>Grey shale</td> </tr> </tbody> </table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2		Surface	143	146	Caliche	2	15		Loess	146	157	Fine to med sand w/sandy clay lens	15	35		Clay	157	164	Sandy clay	35	53		Fine to some med sand w/clay str	164	171	Fine sand					171	175	Clay with caliche	53	70		Clay & Caliche	175	184	Fine to med sand with clay & caliche	70	87		Med sand & gravel	184	201	Sandy clay & caliche	87	90		Clay	201	217	Fine to some med sand	90	95		Caliche and clay	217	223	Clay	95	111		Med sand & gravel	223	240	Fine to some med sand	116	116		Sandstone with sand str	240	245	Clay	116	118		Clay	245	255	Fine to med sand & gravel	118	127		Fine to med sand & gravel	255	257	Yellow ochre	127	143		Fine-med sand w/sand clay str	257	260	Grey shale
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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/yr) 7/13/06 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) 9/19/06																																																																																																																		
under the business name of Woofert Pump & Well 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 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																																																		

OFFICE USE ONLY

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