

1 LOCATION OF WATER WELL:	Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section Number <u>4</u>	Township Number <u>T 8 S</u>	Range Number <u>R 33 E/W</u>
County: Thomas				
Distance and direction from nearest town or city street address of well if located within city?				

2 WATER WELL OWNER: Thomas County Landfill	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : <u>300 N Court</u>	Application Number:
City, State, ZIP Code : Colby, Ks 67701	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>260</u> ft. ELEVATION: _____
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <u>na</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>260</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 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 <u>X</u> If yes, mo/day/yr sample was submitted _____	
Water Well Disinfected? Yes <u>X</u> No _____	

5 TYPE OF BLANK CASING USED:	5 Wrought Iron 8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
1 Steel 3 RMP (SR)	6 Asbestos-Cement 9 Other (specify below)	Welded _____
2 PVC 4 ABS	7 Fiberglass	Threaded _____
Blank casing diameter <u>4.5</u> in. to <u>220</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	8 RMP (SR) 10 Asbestos-cement	11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS	12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)	6 Wire wrapped 9 Drilled holes	10 Other (specify) _____
2 Louvered shutter 4 Key punched 7 Torch cut		
SCREEN-PERFORATED INTERVALS: From <u>220</u> ft. to <u>260</u> ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>150</u> ft. to <u>260</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 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)
Direction from well? _____ How many feet? _____		

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	162	176	Fine to med sd w/clay & caliche strks
2	29		Loess	176	180	Clay & caliche w/sd strks
29	42		Clay w/caliche strks	180	187	Caliche w/sd strks & clay lenses
42	54		Fine to med sd w/clay & caliche Strks & gravel	187	201	Fine to med sd w/clay & caliche strks
				201	220	Fine to med sd w/clay lenses
54	71		Fine to some med sd w/clay & Caliche	220	230	Clay
				230	257	Fine to med sd w/clay & caliche lense
71	81		Fine to med sd & gravel w/clay & caliche	257	260	Yellow ochre
81	102		Fine to med sd w/clay & caliche			
102	113		Fine to med sd w/gravel			
113	122		Fine to med sd w/clay strks			
122	136		Clay & caliche			
136	162		Fine to med sd w/clay lenses			

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) <u>11-02-07</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>11-30-07</u>
under the business name of <u>Woofert Pump & Well Inc.</u>	by (signature) <u>[Signature]</u>
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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	

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