

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>4</u>	<u>T</u> <u>8</u> <u>S</u>	<u>R</u> <u>33</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Colby - 2 miles east</u>					
2 WATER WELL OWNER: <u>City of Colby</u> #3 Well					
RR#, St. Address, Box # : <u>585 N. Franklin</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Colby, Kansas 67701</u>			Application Number: <u>N/A</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>200</u> ft. ELEVATION: <u>3178</u>			
<div style="text-align: center;"><p>1 Mile</p></div>		Depth(s) Groundwater Encountered 1. <u>167</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>167</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>9</u> in. to <u>205</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 <u>10</u> Observation 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 _____ Clamped _____					
<u>2</u> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass _____ Threaded <u>X</u> _____					
Blank casing diameter <u>4</u> in. to <u>150</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>schedule 40</u>					
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)					
<u>3</u> 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>150</u> ft. to <u>200</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>22</u> ft. to <u>205</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <u>2</u> Cement grout <u>3</u> Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From <u>30</u> ft. to <u>22</u> 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 <u>City Dump @ location</u>					
Direction from well? _____ How many feet? <u>Surrounding</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	Top Soil			
4	72	Clay			
72	106	Large Gravel (blk) w/clay lense			
106	120	Sm.-Med. Gravel			
120	127	Large gravel w/clay mix			
127	136	Med. gravel - black			
136	140	Med. gravel w/clay mix			
140	160	Limestone, gravel clay lense			
160	180	Sandstone (very hard)			
180	200	Sandstone - sand mix			
200	205	Small, med. gravel w/clay mix			
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>2-20-87</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>286</u> This Water Well Record was completed on (mo/day/yr) <u>2-26-87</u>					
under the business name of <u>Bob Wilcox Well Drilling</u> by (signature) <u>Bob Wilcox</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					