

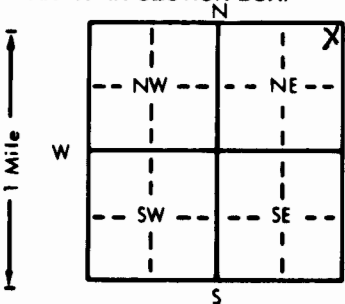
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>THOMAS</u>	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>5</u>	T <u>8</u> S	R <u>33</u> E(W)

1/2 EAST OF COLBY

RR#, St. Address, Box # : BOX 466
City, State, ZIP Code : COLBY KS 67701

Application Number: NONE

4 DEPTH OF COMPLETED WELL..... ft. ELEVATION:



WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr

Est. Yield gpm: Well water was ft. after hours pumping gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was sub-

Water Well Disinfected?	Yes	No
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CASING JOINTS: Glued Clamped

⑨ Other (specify below)
GALV STEEL

Blank casing diameter 4 in. to ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface.....in., weight.....lbs./ft. Wall thickness or gauge No.

10 Asbestos-cement

8 RMP (SR)
9 ABS

11 Other (specify)
12 None used (open hole)

8 Saw cut 11 None (open hole)

9 Drilled holes
10 Other (specify)

SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.

From	ft. to	ft., From	ft. to	ft.
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4 Other

Grout Intervals: From ft. to ft. From ft. to ft. From ft. to ft.

10 Livestock pens 14 Abandoned water well

1 Septic tank	4 Lateral lines	7 Pit privy
2 Sewer lines	5 Cess pool	8 Sewage lagoon
3 Watertight sewer lines	6 Seepage pit	9 Feedyard

11 Fuel storage	15 Oil well/Gas well
12 Fertilizer storage	16 Other (specify below)
13 Insecticide storage	

Direction from well?

How many feet?

[illegible]

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/year) 1-14-87 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/yr) 2-2-87

under the business name of

by (signature) *Marcia Libonera*

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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.