

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		<u>NW 1/4</u> <u>NW 1/4</u> <u>NW 1/4</u>	<u>4</u>	<u>T 8 S</u>	<u>R 33 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile east of Colby</u>					
<b>2 WATER WELL OWNER:</b> <u>John Deere Imp.</u>					
RR#, St. Address, Box # : <u>East Hiway 24</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Colby, KS 67701</u>				Application Number:	
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>255</u> ft. <b>ELEVATION:</b> .....			
<div style="text-align: center;"><p>1 Mile</p></div>		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL ..... <u>1.5</u> ft. below land surface measured on mo/day/yr <u>10-7-93</u> .....			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield ..... gpm: Well water was <u>not tested</u> after ..... hours pumping ..... gpm			
		Bore Hole Diameter ..... <u>8</u> in. to <u>255</u> ft., and ..... in. to ..... ft.			
WELL WATER TO BE USED AS:		5 Public water supply    8 Air conditioning    11 Injection well			
<u>1 Domestic</u> 3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)					
<u>2 Irrigation</u> 4 Industrial    7 Lawn and garden only    10 Monitoring well .....					
Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>X</u> .....; If yes, mo/day/yr sample was sub- mitted .....					
Water Well Disinfected? Yes <u>X</u> No					
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> ... Clamped .....
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....
			7 Fiberglass		Threaded .....
Blank casing diameter ..... <u>5</u> in. to <u>235</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface ..... <u>18</u> in., weight <u>2.6</u> lbs./ft. Wall thickness or gauge No. <u>1/4</u> .....					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) .....
				9 ABS	12 None used (open hole)
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify) .....	
<b>SCREEN-PERFORATED INTERVALS:</b> From ..... <u>235</u> ft. to ..... <u>255</u> ft., From ..... ft. to ..... ft.					
From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>GRAVEL PACK INTERVALS:</b> From ..... <u>18</u> ft. to ..... <u>255</u> ft., From ..... ft. to ..... ft.					
From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>6 GROUT MATERIAL:</b> <u>1 Neat cement</u> 2 Cement grout    3 Bentonite    4 Other .....					
Grout Intervals: From ..... <u>4</u> ft. to ..... <u>18</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 <u>Sewer lines</u>		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	
Direction from well? <u>Southeast</u>		How many feet? <u>120</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	35	top soil			
35	77	sand and clay strips			
77	94	sand rock			
94	146	sand and sand rock strips			
146	166	sand			
166	209	sand rock and sand strips			
209	231	sand and sand rock strips			
231	250	sand good			
250	255	oker and shale			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>10-7-93</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>139</u> ..... This Water Well Record was completed on (mo/day/yr) ..... <u>6-7-94</u> ..... under the business name of <u>Bartell Drilling</u> by (signature) <u>James Bartell</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					