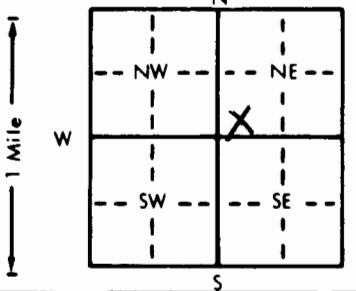


<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>SW 1/4 SW 1/4 NE 1/4</b>	<b>4</b>	<b>T 8 S</b>	<b>R 33 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>2 Miles East of Colby</b>					
<b>2 WATER WELL OWNER:</b> <b>Thomas County Landfill</b>		<b>Board of Agriculture, Division of Water Resources</b>			
RR#, St. Address, Box #: <b>Thomas County Courthouse</b>		Application Number:			
City, State, ZIP Code: <b>Colby, Ks. 67701</b>					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL: 170</b> ft. ELEVATION:			
<div style="text-align: center;"></div>		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <b>146.58</b> 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 <b>8</b> in. to <b>170</b> 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 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes.....No... <b>X</b> ....; If yes, mo/day/yr sample was sub-		mitted			
Water Well Disinfected? Yes No <b>X</b>					
<b>5 TYPE OF BLANK CASING USED:</b>		CASING JOINTS: Glued ..... Clamped .....			
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....					
2 PVC 4 ABS 7 Fiberglass Threaded... <b>X</b> .....					
Blank casing diameter <b>4</b> in. to <b>150</b> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.					
Casing height above land surface <b>32</b> in., weight <b>2.071</b> lbs./ft. Wall thickness or gauge No. <b>237</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....					
SCREEN-PERFORATED INTERVALS: From <b>150</b> ft. to <b>170</b> ft., From .... ft. to .... ft.					
GRAVEL PACK INTERVALS: From <b>145</b> ft. to <b>170</b> ft., From .... ft. to .... ft.					
From .... ft. to .... ft., From .... ft. to .... ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....					
Grout Intervals: From <b>0</b> ft. to <b>145</b> ft., From .... ft. to .... ft., From .... ft. to .... ft.					
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage <b>Landfill</b>					
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2.5	Surface	98	100	Cemented Sand w/a Few Clayst.
2.5	33	Loess	100	114	Fine to Med.Sand w/a few fine
33	37	Clay w/a few Caliche Strks.			Clay Layers
37	40	Med. Sand w/Clay & Caliche St	114	120	Fine Sand
40	45	Tight Med. Sand w/some Caliche	120	122	Clay
45	49	Clay w/a Few Sand Strks.	122	130	Fine Sand
49	54	Med.Sand & Gravel w/Clay Str.	130	136	Fine to Med. Sand w/Clay Str.
54	61	Clay w/a Few Sand Strks. &	136	140	Med. Sand w/Clay
		Some Caliche	140	160	Med. Sand w/a Few Clay Lyrs.
61	69	Fine Sand w/a Few Clay & Caliche Strks.			
69	76	Sandy Clay w/Some Sand	160	170	Sandy Clay w/a Few Sand Strks.
76	84	Med. Sand & Gravel w/Clay St.			
84	90	Clay & Caliche w/Sand Strks.			
90	94.5	Clay			
94.5	98	Med. Sand w/Clay Strks.			
<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) <b>3-16-95</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>3-17-95</b> under the business name of <b>Woofter Pump &amp; Well, Inc.</b> by (signature) <i>Gay C. Woofter</i>					
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.					