

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		SE ¼ SE ¼ SE ¼	32	T 8 S	R 34 E W
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Rich Calliham					
RR#, St. Address, Box #: 1306 Co Rd 15					
City, State, ZIP Code: Colby, Ks 67701					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 267 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL na 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 8 in. to 265 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 X If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes X No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass _____ Threaded _____					
Blank casing diameter 5 in. to 227 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface 18 in., weight 2.355 lbs./ft. Wall thickness or gauge No. .214					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 10 Other (specify) _____					
9 ABS 11 None used (open hole) _____					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Saw cut 9 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Drilled holes 10 Other (specify) _____					
7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 227 ft. to 267 ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 267 ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals From 0 ft. to 20 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) _____					
13 Insecticide storage none					
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface		
2	25		Loess	225	229
25	50		Clay	229	235
50	57		Clay & caliche	235	236
57	64		Fine to med sand	236	240
64	102		Clay & caliche	240	242
102	133		Fine to med sand & gravel	242	265
133	154		Clay w/a few sand strk	265	
154	177		Fine to med sand w/caliche lens		
177	182		Caliche		
182	200		Clay		
200	208		Fine to med sand w/clay lens		
208	214		Caliche		
214	225		Fine to med sand & some grav		
			PLUGGING INTERVALS		
			W/clay lens		
			Fine to med sand w/clay strk		
			Fine to med sand w/clay		
			Clay		
			Fine to med sand w/clay strk		
			Chert		
			Fine to med sand		
			Yellow ochre & black shale		
RECEIVED					
AUG 26 2004					
BUREAU OF WATER					
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/yr) 08-03-04 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 8-13-04					
under the business name of Woofer Pump & Well, Inc. by (signature) _____					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.					

OFFICE USE ONLY

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