

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Thomas		SE ¼ NE ¼ NE ¼		24		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: G.H.K. Farms									
RR#, St. Address, Box #: 1580 K 25					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: Colby, Ks 67701					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 230 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 230 ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped									
<input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
7 Fiberglass Threaded									
Blank casing diameter 6 in. to 190 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface 18 in., weight 3.68 lbs./ft. Wall thickness or gauge No. .280									
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> 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:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 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)									
SCREEN-PERFORATED INTERVALS: From 190 ft. to 230 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 20 ft. to 230 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other									
Grout intervals From 0 ft. to 20 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	PLUGGING INTERVALS			
0	2		Surface	179	183	Clay & caliche			
2	17		Loess	183	229	Fine to med sd & some gravel			
17	48		Clay	229	230	Black shale			
48	71		Fine to med sand & gravel						
71	83		Clay						
83	105		Fine to med sd w/clay strk						
105	113		Clay & caliche						
113	130		Fine to some med sd w/caliche						
			Strk						
130	136		Clay						
136	147		Clay & caliche						
147	167		Fine to med sd w/clay & caliche						
167	172		Clay & caliche						
172	179		Fine to med sd w/clay lens						
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/yr) 8-19-04 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) 9-3-04									
under the business name of Woofert Pump & Well, Inc. by (signature) <i>[Signature]</i>									
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.									

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