

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Thomas		NW 1/4 NW 1/4 NE 1/4	29	T 8 S	R 34 EW	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: 5816th Choney						
RR#, St. Address, Box #: 1452 County Rd 0						
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 291 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL 217 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 300 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 4.5 in. to 251 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
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 5 Gauzed wrapped 8 Saw cut 11 None (open hole)						
2 Louvered shutter 3 Mill slot 9 Drilled holes						
4 Key punched 7 Torch cut 10 Other (specify)						
SCREEN-PERFORATED INTERVALS: From 251 ft. to 291 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 291 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	PLUGGING INTERVALS
0	2		Surface	139	165	Clay & caliche
2	17		loess	165	173	Fine to some med sd w/sandstone
17	29		Clay	173	181	Fine to some med sd w/lots of sandy
29	70		Clay & caliche			Clay
70	76		Fine to med sand w/lots of clay	181	193	Caliche with clay strks
76	80		Caliche & sandstone	193	199	Fine to med sd w/clay & caliche
80	89		Fine to med sand w/clay &	199	203	Caliche
			Caliche lens	203	218	Fine to med sd w/caliche strk
89	94		Sandstone	218	232	Clay
94	110		Fine to med sand & gravel	232	241	Fine to med sd w/clay strks
110	112		Caliche	241	272	fine to med sd w/clay lens
112	116		Fine to med sand	272	288	Fine to med sd & some gravel
116	126		Sandstone	288	291	Yellow ochre
126	139		Fine sand to some med	291	300	Black shale
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) 2-22-06 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) 3-3-06						
under the business name of Woofter 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, 1500 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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