Thomas N			
WATER WELL OWNER: An in a	e Number		
WATERWELL OWNER: A n o	34 EM		
2 WATER WELL OWNER: A n n A C S T T T T T T T T T	•		
RRB. St. Address, Box # 17-0 - 15-c Y 23 Board of Agriculture, Division of Wat City, State 2,170 cde Colby, Ks 67701 Application Number: Color			
City, State, ZiP Code Colby, Ks 67701 Application Number: AN X N SECTION BOX.	Daniel of Assistables Division of Material		
An X' IN SECTION BOX. Depth of COMPLETED WELL 275	er Resources		
Depthis Groundwater Encountered 1			
Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. 3 ft. 4 ft. below land surface measured on mordaylyr Pump test data: Well water was ft. after hours pumping Est. Yield gpm: Well water was ft. after hours pumping Est. Yield gpm: Well water was ft. after hours pumping Box Pump test data: Well water was ft. after hours pumping 12 Other (Sp 2 trigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X if yes, mordaylyr submitted was a chemical/bacteriological sample submitted to Department? Yes No X if yes, mordaylyr submitted was a chemical/bacteriological sample submitted to Department? Yes No X if yes, mordaylyr submitted was a chemical/bacteriological sample submitted to Department? Yes No X if yes, mordaylyr submitted was a chemical/bacteriological sample submitted to Department? Yes No X if yes, mordaylyr submitted was a chemical/bacteriological sample submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr submitted to Department? Yes No X if yes, mordaylyr yes No X			
WELL'S STATIC WATER LEVEL 141 ft. below land surface measured on moldaylyr Pump test data: Well water was ft. after hours pumping Bore Hole Diameter 8 in. to 280 ft. and in to Well water was ft. after hours pumping 11 plection 12 briefly 12 briefly 13 briefly 13 briefly 14 briefly 14 briefly 14 briefly 14 briefly 14 briefly 15 briefly 16 b			
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Casing height above land surface 18 in., weight 2.38 ibs./ft. Wall thickness or gauge No. 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 11 Other (specify) 12 None used (open hole) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 10 Other (specify) 11 Other (specify 11 Other (specify) 11 Other (specify) 11 Other (specify 12 Other (specify) 11 Other (specify 13 Insecticide storage 11 Other (specify) 11 Other (specify 14 Other (specify) 11 Other (specify) 11 Other (specify 15 Other (specify) 11 Other (specify 15 Other (specify) 11 Other (specify) 11 Other (specify) 11 Other (specify 15 Other (specify) 11 Other (specif	ft		
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdic	tion and was		
completed on (mo/day/yr) $5-23-6\%$ and this record is true to the best of my knowledge and beli			
Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr),	,-23-08		
under the business name of Woofter Pump & Well Inc. by (signature)	TWYIM H		
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bareau of Waltern St. Ste. 420, Topeka Kenses 66612 1367, Telephone: 013 296 5545. Send one to WATER MELL OWNER and rate in one for your department.	1000 SWA		