

1 LOCATION OF WATER WELL:		Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>2</u>	Township Number <u>T 8 S</u>	Range Number <u>R 34 E</u>	
County: Thomas						
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Cliff Harris						
RR#, St. Address, Box # : 3330 W 4th						
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 <u>230</u> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <u>NA</u> 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 <u>8</u> in. to <u>230</u> 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 <u>X</u> If yes, mo/day/yr sample was submitted						
Water Well Disinfected? Yes _____ No <u>X</u>						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped						
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded						
7 Fiberglass Threaded						
Blank casing diameter <u>4.5</u> in. to <u>190</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)						
12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 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 <u>190</u> ft. to <u>230</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>230</u> ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Intervals From <u>0</u> ft. to <u>20</u> 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	90	120	Fine & med sanmd w/clay & caliche
2	27		Loess			Strks
27	37		Clay w/caliche strks & sand	120	138	Fine to some med sand w/traces of
			Lenses			Clay & caliche
36	40		Fine to some med sand w	138	158	Fine & med sand w/clay & caliche strk
			Caliche strks	158	163	Caliche
40	45		Fine & med sand w/traces of	163	170	Caliche w/clay strks
			Clay & caliche	170	175	Fine to some med sand w/caliche strk
45	53		Fine & med sand w/clay &	175	182	Caliche w/sand strks
			Caliche strks	182	187	Fine to some med sand w/caliche
53	70		Clay & caliche w/sand lenses			Strks & clay lenses
						Fine & med sand w/caliche lenses-
70	85		Fine to some med sand w/clay	187	200	traces of clay
			& caliche strks	200	223	Fine & med sand w/traces of caliche
85	90		Clay & caliche strks	223	230	Yelow ochre/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) <u>12-22-08</u> and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <u>783</u> This Water Well Record was completed on (mo/day/yr) <u>1-23-09</u>						
under the business name of Woofter Pump & Well Inc. by (signature) <u>[Signature]</u>						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 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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