

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>	<b>NW</b> 1/4 <b>SE</b> 1/4 <b>NE</b> 1/4	<b>2</b>	<b>T 8 S</b>	<b>R 34 E</b>

Distance and direction from nearest town or city street address of well if located within city?

**1/2 mile West 1/2 mile South of Colby, Kansas**

2 WATER WELL OWNER: <b>Lowell Harter</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>570 S. Mission</b>	Application Number:
City, State, ZIP Code: <b>Colby, Kansas 67701</b>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <b>263</b> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <b>153</b> ft. below land surface measured on mo/day/yr <b>August 10, 1984</b> 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 <b>9</b> in. to <b>263</b> ft., and .... in. to .... ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <b>X</b> ;; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <b>X</b> No

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> Clamped .....
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) Welded .....
2 PVC	4 ABS	7 Fiberglass	Threaded .....
Blank casing diameter <b>5</b> in. to <b>243</b> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.			
Casing height above land surface <b>12</b> in., weight .... lbs./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)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) .....
SCREEN-PERFORATED INTERVALS: From <b>243</b> ft. to <b>263</b> ft., From .... ft. to .... ft.			
GRAVEL PACK INTERVALS: From <b>15</b> ft. to <b>263</b> ft., From .... ft. to .... ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other .....
Grout Intervals: From <b>5</b> ft. to <b>15</b> ft., From .... ft. to .... ft., From .... ft. to .... ft.				
What is the nearest source of possible contamination:	10 Livestock pens	14 Abandoned water well		
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	
Direction from well? <b>North</b>			How many feet? <b>200'</b>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Surface	133	161	Med. Sand
3	42	Clay	161	163	Caliche
42	43	Caliche	163	164	Clay
43	45	Clay	164	167	Caliche
45	59	Med. Sand	167	177	Med. Sand
59	60	Clay	177	181	Caliche
60	63	Med. Sand	181	185	Med. Sand
63	74	Clay	185	186	Clay
74	76	Med. Sand	186	189	Fine Sand
76	77	Caliche	189	212	Med. Sand
77	92	Clay	212	217	Clay
92	97	Fine-Med. Sand	217	226	Med. Sand
97	117	Clay & Caliche	226	241	Fine Sand
117	126	Med. Sand	241	253	Clay
126	133	Clay	253	264	Med. Sand

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/year) <b>August 10, 1984</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>394</b> This Water Well Record was completed on (mo/day/yr) <b>August 18, 1984</b> under the business name of <b>Woofter Pump &amp; Well</b> by (signature) <b>Walter Woofter</b>
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INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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EOD

SEC.

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NW 1/4

SE 1/4

NE 1/4

1/4