

1 LOCATION OF WATER WELL:		Fraction <u>NE NW 1/4 NE 1/4</u>	Section Number <u>32</u>	Township Number <u>T 8 S</u>	Range Number <u>R 34 EW</u>
County: <u>Thomas</u>					
Distance and direction from nearest town or city street address of well if located within city? <u>Confirmed by GMD4</u>					
2 WATER WELL OWNER: <u>Mary B Smith</u>					
RR#, St. Address, Box #: <u>880 Sunset Drive</u>					
City, State, ZIP Code: <u>Colby KS 67701</u>					
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: . . . . . ft. ELEVATION: . . . . . ft.			
		Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.			
		WELL'S STATIC WATER LEVEL . . . . . 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 . . . . . in. to . . . . . 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 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No . . . . .; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes . . . . . No . . . . .			
5 TYPE OF BLANK CASING USED:					
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued . . . . . Clamped . . . . . 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded . . . . . 7 Fiberglass    Threaded . . . . .					
Blank casing diameter . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.					
Casing height above land surface . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .					
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    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 . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other . . . . .					
Grout Intervals: From . . . . . ft. to . . . . . ft. Bentonite From . . . . . ft. to . . . . . ft. Cement 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)					
Direction from well? . . . . . How many feet? <u>90'</u>					
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
				well was cased in At 90'	
				Clay	
				Bentonite	
				Clay	
				Cement Grout	
				Compacted Clay + Topsoil	
<div style="text-align: center;">             APR 30 1990            DIVISION OF ENVIRONMENT         </div>					
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) <u>4-19-90</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. . . . . This Water Well Record was completed on (mo/day/yr) <u>4-23-90</u>					
under the business name of . . . . . by (signature) <u>[Signature]</u>					

OFFICE USE ONLY

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