

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: <u>Thomas</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>2</u>	<u>T 8 S</u>	<u>R 36 E</u>	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: <u>Keith Corbett</u>						
RR#, St. Address, Box #: <u>USDA Rd 915 E, Walnut # 3</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 <u>153</u> ft. ELEVATION:				
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.				
		WELL'S STATIC WATER LEVEL <u>50</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>160</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 <u>X</u> No						
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>5</u> in. to <u>11.3</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface <u>18</u> in. weight <u>2.355</u> lbs./ft. Wall thickness or gauge No. <u>1214</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>113</u> ft. to <u>153</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>153</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 <u>none</u>						
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	115	121	Fine to some med sand
2	15		Loess	121	127	caliche
15	24		Fine to med. sand	127	150	Fine to some med sand
24	38		Sandy clay			w/ caliche sand stone
38	58		Fine to med sand w/ gravel	150	160	Yellow ochred Blue shale
58	70		Fine to some med sand			
			w/ clay strk			
70	75		Fine sand w/ sandy clay & caliche			
75	76		caliche			
76	96		Fine to med sand w/ clay strk			
			& caliche lens			
96	102		clay & caliche			
102	110		Fine sand w/ caliche lens			
110	115		caliche w/ sandstone			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was						
completed on (mo/day/yr) <u>9-28-04</u> and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>10-1-04</u>						
under the business name of <u>Wooster Pump & W</u> by (signature) <u>Keith Corbett</u>						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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OCT 08 2004

BUREAU OF WATER