

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		<u>E/1 1/2 SE 1/4 SW 1/4</u>	<u>32</u>	<u>T 9 S</u>	<u>R 31</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>
Distance and direction from nearest town or city street address of well if located within city? <u>2 miles north of 83 &amp; 70 Junction 3 1/2 East</u>					
2 WATER WELL OWNER: <u>Ostmeyer #1</u> <u>Murfin Drilling</u> RR#, St. Address, Box #: <u>Box 661</u> City, State, ZIP Code: <u>Colby, Ks. 67701</u>					
Board of Agriculture, Division of Water Resources Application Number: <u>900074</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>140</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL .. <u>9.0</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>140</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 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..... <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>120</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 7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) ..					
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 <u>120</u> ft. to <u>140</u> ft., From ..... ft. to ..... ft.					
From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>140</u> 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 <u>0</u> ft. to <u>20</u> ft., From ..... ft. to ..... 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					
Direction from well? <u>East</u> How many feet? <u>660</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface	100	110	Med. sand with caliche streaks
3	20	Clay	110	120	Sandy clay
20	27	Sandy clay	120	128	Gravel with caliche
27	40	Med. to large sand	128	130	Med. sand
40	60	Med. sand	130	135	Clay
60	68	Med. sand (tight)	135	138	Ochre
68	74	Med. sand	138	140	Shale
74	78	Clay with sand streaks			
78	80	Sandy clay			
80	86	Med. sand			
86	91	Clay			
91	93	Caliche & clay			
93	96	Clay			
96	100	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) <u>2-16-90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>394</u> This Water Well Record was completed on (mo/day/yr) <u>2-19-90</u> under the business name of <u>WOOFER PUMP &amp; WELL</u> by (signature) <u>Walter Woofler</u>					
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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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