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|--|------------|--|---|----------------|------------|---|--|---------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number | | Township Number | | Range Number | |
| County: Thomas | | SW ¼ SW ¼ SW ¼ | | 25 | | T 9 S | | R 32 E | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | |
| 2 WATER WELL OWNER: Robert Robben | | | | | | | | | |
| RR#, St. Address, Box #: 785 West 5th, Box 311 | | | | | | | | | |
| City, State, ZIP Code: Colby, Ks 67701 | | | | | | | | | |
| Board of Agriculture, Division of Water Resources | | | | | | | | | |
| Application Number: 2008 0223 | | | | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 200 ft. ELEVATION: | | | | | | | |
| | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | | | | | |
| | | WELL'S STATIC WATER LEVEL na 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 8 in. to 200 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 X If yes, mo/day/yr sample was submitted | | | | | | | | | |
| Water Well Disinfected? Yes X No | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | | | | |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped | | | | | | | | | |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | | | | | |
| 7 Fiberglass Threaded | | | | | | | | | |
| Blank casing diameter 4.5 in. to 160 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | | | | | |
| Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. 248 | | | | | | | | | |
| 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 160 ft. to 200 ft. From _____ ft. to _____ ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 20 ft. to 200 ft. From _____ ft. to _____ ft. | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | |
| Grout Intervals From 0 ft. to 20 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 none | | | | | | | | | |
| Direction from well? How many feet? | | | | | | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | | | |
| 0 | 2 | | Surface | | | Strks | | | |
| 2 | 12 | | Loess | 145 | 178 | Clay & caliche w/sand strks | | | |
| 12 | 20 | | Clay & caliche w/sand strks | 178 | 190 | Fine to some med sd w/clay strks | | | |
| 20 | 30 | | Fine to med sd w. small gravel w/caliche strks | 190 | 200 | Yellow ochre/black shale | | | |
| 30 | 40 | | Clay & caliche w/sand strks | | | | | | |
| 40 | 45 | | Fine sand & sandy clay w/ Clay & caliche strks | | | | | | |
| 45 | 65 | | Fine 59 med sd w/caliche lenses | | | | | | |
| 65 | 80 | | Fine to med sd w/clay & caliche Strks | | | | | | |
| 80 | 100 | | Fine to med sd w/caliche lenses | | | | | | |
| 100 | 123 | | Fine to med sd w/small gravel | | | | | | |
| 123 | 145 | | Fine to med sd w/clay & caliche | | | | | | |
| 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) 5-15-08 and this record is true to the best of my knowledge and belief. Kansas | | | | | | | | | |
| Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) _____ | | | | | | | | | |
| under the business name of Woofter Pump & Well Inc. by (signature) <i>[Signature]</i> | | | | | | | | | |
| 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. | | | | | | | | | |

OFFICE USE ONLY

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