

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																					
County: Thomas		NE ¼ NE ¼ NW ¼		10		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: Lonnie Wilson																																																																																													
RR#, St. Address, Box #: Rt 2					Board of Agriculture, Division of Water Resources																																																																																								
City, State, ZIP Code: Colby, Ks 67701					Application Number:																																																																																								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 160 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 8 gpm: Well water was 160 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 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 120 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: 7 PVC 10 Asbestos-cement 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: 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 120 ft. to 160 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 160 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 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) None 13 Insecticide storage Direction from well? _____ How many feet? _____																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td></td> <td>Surface</td> <td>130</td> <td>140</td> <td>Fine to some med sand w/clay & Caliche strks</td> </tr> <tr> <td>2</td> <td>23</td> <td></td> <td>Loess</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23</td> <td>32</td> <td></td> <td>Clay w/caliche strks</td> <td>140</td> <td>150</td> <td>Fine & med sand w/clay & caliche Strks</td> </tr> <tr> <td>32</td> <td>43</td> <td></td> <td>Fine & med sand & small gravel w/caliche lenses</td> <td>150</td> <td>160</td> <td>Yellow ochre</td> </tr> <tr> <td>43</td> <td>51</td> <td></td> <td>Fine to some med sand w/clay Strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>51</td> <td>70</td> <td></td> <td>Fine & med sand w/clay lenses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td>82</td> <td></td> <td>Clay & caliche w/sand strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>82</td> <td>90</td> <td></td> <td>Fine to some med sand w/clay Strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>90</td> <td>100</td> <td></td> <td>Fine & med sand w/clay strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>100</td> <td>127</td> <td></td> <td>Fine & med sand w/clay lenses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>127</td> <td>130</td> <td></td> <td>Caliche</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2		Surface	130	140	Fine to some med sand w/clay & Caliche strks	2	23		Loess				23	32		Clay w/caliche strks	140	150	Fine & med sand w/clay & caliche Strks	32	43		Fine & med sand & small gravel w/caliche lenses	150	160	Yellow ochre	43	51		Fine to some med sand w/clay Strks				51	70		Fine & med sand w/clay lenses				70	82		Clay & caliche w/sand strks				82	90		Fine to some med sand w/clay Strks				90	100		Fine & med sand w/clay strks				100	127		Fine & med sand w/clay lenses				127	130		Caliche			
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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/yr) 8/15/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 8/19/08 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.																																																																																													

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