

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Thomas	NW ¼ SE ¼ SW ¼	14	T 9 S	R 33 E/W

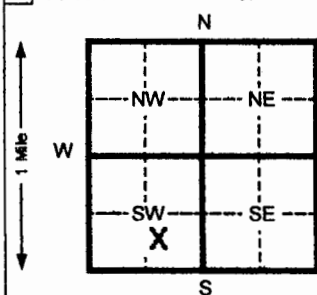
Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Harold Herbel**RR#, St. Address, Box #: **2149 Co Rd I**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Colby, Ks 67701**Application Number: **20070058**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL

180 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 **174** 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 submittedWater Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

2 **PVC** 4 ABS

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued **X** Clamped

6 Asbestos-Cement 9 Other (specify below)

7 Fiberglass

Welded

Threaded

Blank casing diameter **4.5** in. to **140** 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

2 Brass 4 Galvanized steel

5 Fiberglass

6 Concrete tile

7 **PVC**

8 RMP (SR)

9 ABS

10 Asbestos-cement

11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot

2 Louvered shutter 4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 **Saw cut** 11 None (open hole)

9 Drilled holes

10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **140** ft. to **180** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **180** 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)

13 Insecticide storage

none

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	121	126	Fine sd w/sandstone strks
2	20		Loess	126	148	Fine to med sd w/clay lens
20	42		Clay	148	155	Clay
42	60		Fine to med sd w/clay strks &	155	166	Fine to med sd w/clay lens
			Caliche lens	166	168	Clay
60	68		Fine sand w/clay strks	168	174	Fine sand
68	76		Sandstone	174		Yellow ochre
76	90		Clay & sandstone			
90	95		Sandstone			
95	100		Fine to some med sd w/clay strk			
100	106		Fine to med sand			
106	108		Cemented sand			
108	113		Fine sand			
113	121		Sandstone & clay			

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) **2-27-07**

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) **3-2-07**

under the business name of

Woofer Pump & Well Inc.by (signature) **Don C. Woofer, Inc. MD**

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 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.