

1 LOCATION OF WATER WELL: County: <b>Thomas</b>		Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section Number <b>13</b>	Township Number <b>T 9 S</b>	Range Number <b>R 34 E</b>																																																																																																									
Distance and direction from nearest town or city street address of well if located within city?																																																																																																														
2 WATER WELL OWNER: <b>Ralph Goossen</b> RR#, St. Address, Box #: <b>1872 Co Rd K</b> City, State, ZIP Code: <b>Colby, Ks 67701</b> Board of Agriculture, Division of Water Resources Application Number:																																																																																																														
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF COMPLETED WELL <b>242</b> ft. ELEVATION: Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>na</b> 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 <b>8</b> in. to <b>242</b> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden (domestic) <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____																																																																																																												
5 TYPE OF BLANK CASING USED: 1 Steel    3 RMP (SR)    5 Wrought Iron    8 Concrete tile    CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="checkbox"/> 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____ 7 Fiberglass    Threaded _____ Blank casing diameter <b>4.5</b> in. to <b>222</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b> TYPE OF SCREEN OR PERFORATION MATERIAL: 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: 1 Continuous slot    3 Mill slot    5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut    11 None (open hole) _____ 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes    10 Other (specify) _____ 7 Torch cut SCREEN-PERFORATED INTERVALS: From <b>222</b> ft. to <b>242</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>242</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																																																														
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite    4 Other _____ Grout Intervals From <b>0</b> ft. to <b>20</b> 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) <b>none</b> 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>139</td> <td>157</td> <td>Clay w/sandstone strk &amp; caliche lens</td> </tr> <tr> <td>2</td> <td>20</td> <td></td> <td>Loess</td> <td>157</td> <td>181</td> <td>Fine to med sand w/clay lens</td> </tr> <tr> <td>20</td> <td>31</td> <td></td> <td>Clay</td> <td>181</td> <td>187</td> <td>Clay</td> </tr> <tr> <td>31</td> <td>43</td> <td></td> <td>Fine to med sand</td> <td>187</td> <td>207</td> <td>Fine to med sand</td> </tr> <tr> <td>43</td> <td>58</td> <td></td> <td>Sandstone</td> <td>207</td> <td>210</td> <td>Clay</td> </tr> <tr> <td>58</td> <td>67</td> <td></td> <td>Fine sand w/sandstone strks</td> <td>210</td> <td>240</td> <td>Fine to some med sand</td> </tr> <tr> <td>67</td> <td>79</td> <td></td> <td>Clay</td> <td>240</td> <td>242</td> <td>Yellow ochre</td> </tr> <tr> <td>79</td> <td>83</td> <td></td> <td>Fine to med sand &amp; gravel</td> <td>242</td> <td></td> <td>Black shale</td> </tr> <tr> <td>83</td> <td>91</td> <td></td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>91</td> <td>118</td> <td></td> <td>Fine to some med sand w/clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>118</td> <td>124</td> <td></td> <td>Cemented sand &amp; clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>124</td> <td>130</td> <td></td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>130</td> <td>139</td> <td></td> <td>Fine to med sand</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2		Surface	139	157	Clay w/sandstone strk & caliche lens	2	20		Loess	157	181	Fine to med sand w/clay lens	20	31		Clay	181	187	Clay	31	43		Fine to med sand	187	207	Fine to med sand	43	58		Sandstone	207	210	Clay	58	67		Fine sand w/sandstone strks	210	240	Fine to some med sand	67	79		Clay	240	242	Yellow ochre	79	83		Fine to med sand & gravel	242		Black shale	83	91		Clay				91	118		Fine to some med sand w/clay							Strks				118	124		Cemented sand & clay				124	130		Clay				130	139		Fine to med sand			
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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) <b>8-4-06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>8-11-06</b> under the business name of <u>Walter Pump &amp; Well One</u> by (signature) <u>Gay C. Walter</u> MR																																																																																																														
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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