

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		NW ¼ SW ¼ NE ¼	21	T 9 S	R 34 E
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Claude Herren					
RR#, St. Address, Box # : 949 County Rd 16			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Colby, Ks 67701			Application Number: 20080173		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 195 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: <input checked="" type="radio"/> Public water supply <input type="radio"/> Air conditioning <input type="radio"/> Injection well					
<input type="radio"/> Domestic <input type="radio"/> Feed lot <input checked="" type="radio"/> Oil field water supply <input type="radio"/> Dewatering <input type="radio"/> Other (Specify below)					
<input type="radio"/> Irrigation <input type="radio"/> Industrial <input type="radio"/> Lawn and garden (domestic) <input type="radio"/> 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:					
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought Iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded
		<input type="checkbox"/> 7 Fiberglass			<input type="checkbox"/> Threaded
Blank casing diameter 4.5 in. to 155 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:					
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
				<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
			<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From 155 ft. to 195 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 195 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 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:					
<input type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/ Gas well
<input type="checkbox"/> 3 Watertight sewer lines		<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
				<input type="checkbox"/> 13 Insecticide storage	none
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface		
2	12		Loess		
12	35		Clay w/caliche strks		
35	43		Fine to med sand w/small gravel		
43	56		Fine sand & sandy clay w/clay & Caliche strks		
56	75		Clay w/caliche strks		
75	120		Fine to med sd w/clay & caliche Lenses		
120	155		Fine to med sd w/caliche lenses		
155	170		Fine sand		
170	187		Fine to med sd w/clay 7 caliche Lenses		
187	200		Yellow ochre/black shale		
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) 4-30-08 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) 5-2-08		
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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