

CIX

LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		<u>SW 1/4 SE 1/4 SW 1/4</u>	<u>20</u>	<u>T 9 S</u>	<u>R 34 EW</u>
Distance and direction from nearest town or city? <u>5.5 SW 3 3/4 S 3/4 E of Colby</u>			Street address of well if located within city?		
WATER WELL OWNER: <u>Donald L. Sigman</u>					
R#, St. Address, Box #: <u>P.O. Box 95</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Colby, Kansas 67701</u>			Application Number:		
DEPTH OF COMPLETED WELL: <u>185</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>185</u> ft., and _____ in. to _____ ft.					
Well Water to be used as:					
1 Domestic		3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation		4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
			7 Lawn and garden only	10 Observation well	
Well's static water level: <u>145</u> ft. below land surface measured on <u>10</u> month <u>12</u> day <u>79</u> year					
Pump Test Data: Well water was _____ ft. after _____ hours pumping. _____ gpm					
St. Yield <u>Not tested</u> gpm: Well water was _____ ft. after _____ hours pumping. _____ gpm					
TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing dia: <u>5</u> in. to <u>165</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface: <u>18</u> in., weight <u>19/10</u> lbs./ft. Wall thickness or gauge No. <u>14</u> <u>250</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
				9 ABS	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-Perforation Dia: <u>5</u> in. to <u>185-185</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Screen-Perforated Intervals:					
From: <u>145</u> ft. to <u>185</u> ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.	
From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.	
Gravel Pack Intervals:					
From: <u>18</u> ft. to <u>185</u> ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.	
From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.		From: _____ ft. to _____ ft.	
GROUT MATERIAL: <u>Neat cement</u>					
1 Cement grout		3 Bentonite	4 Other		
Grouted Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines		5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines		6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
				13 Watertight sewer lines	
Direction from well: <u>SW</u> How many feet: <u>1/2 mile</u> Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample _____					
Gas submitted _____ month _____ day _____ year: Pump Installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Yes: Pump Manufacturer's name: <u>Red Jacket</u> Model No. <u>14 BC</u> HP <u>1</u> Volts <u>240</u>					
Depth of Pump Intake: <u>145</u> ft. Pumps Capacity rated at <u>10</u> gal./min.					
Type of pump: <u>1 Submersible</u>					
2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other					
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was					
Completed on <u>10</u> month <u>12</u> day <u>1979</u> year					
And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>139</u>					
This Water Well Record was completed on <u>10</u> month <u>19</u> day <u>1979</u> year under the business					
Name of <u>Bartell Drilling</u> by (signature)					
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		LITHOLOGIC LOG	
		FROM	TO	FROM	TO
		0	40		
		40	76		
		76	84		
		84	141		
		141	156		
		156	163		
163	180				
180	182				
182	185				
		LITHOLOGIC LOG			
		top soil			
		sand clay & sand strips			
		sand rock			
		sand & sand rock strips			
		sand good			
		sand clay			
		sand & sand rock strips			
		sand clay			
		silt & shale			
ELEVATION:					
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.