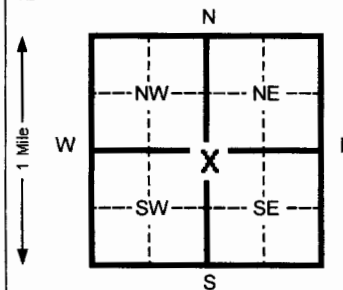


1 LOCATION OF WATER WELL: Fraction **NW 1/4 NW 1/4 SE 1/4** Section Number **18** Township Number **T 10 S** Range Number **R 28 E/W**  
 County: **Sheridan**

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

2 WATER WELL OWNER: **Dean Shaw**  
 RR#, St. Address, Box #: **465 Main** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Grainfield, Ks 67737** Application Number: **20060099**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL **145** 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 **145** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  Public water supply  Air conditioning  Injection well  
 Domestic  Feed lot  Oil field water supply  Dewatering  Other (Specify below)  
 Irrigation  Industrial  Lawn and garden (domestic)  Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes  No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:  
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)  
 Blank casing diameter **4.5** in. to **105** 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:  PVC 7 \_\_\_\_\_ 10 Asbestos-cement  
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 8 RMP (SR) 9 ABS 11 Other (specify) 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole) 10 Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From **105** ft. to **145** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **145** 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 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) **none**  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	115	124	Clay w/a few fine sand strk
2	15		Loess	124	140	Fine sand w/clay strk
15	47		Clay	140	142	Yellow ochre
47	54		Clay w/med sand strks	142	145	Black shale
54	57		Fine to med sand			
57	68		Clay			
68	78		Clay & caliche			
78	83		Fine to med sand w/clay strks			
83	88		Clay & caliche			
88	94		Fine to med sand w/clay & Caliche strks			
94	100		Clay & caliche w/sand strks			
100	109		Caliche & clay			
109	115		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) **03-01-06** 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) **03-31-06**  
 under the business name of **Woofter Pump & Well Inc.** by (signature) *[Signature]*  
 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.