

1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 NW 1/4 Section Number 30 Township Number T 6 S Range Number R 25 E/W
 County: Graham
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Edwin M Slipke Trust
 RR#, St. Address, Box #: 1540 16th St Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Hoxie, Ks 67740 Application Number: 20070517

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

1 Mile

4 DEPTH OF COMPLETED WELL: 300 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 300 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	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 4.5 in. to 260 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	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
				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	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 260 ft. to 300 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 300 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	<u>none</u>

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			Caliche
2	8		Loess	168	180	Fine to med sd w/clay & caliche strks
8	17		Clay & caliche	180	205	Fine to med sd w/clay & caliche lense
17	42		Fine to some med sd w/caliche Strks	205	210	Caliche
				210	220	Fine to med sd w/caliche & clay lense
42	57		Fine to med sd w/clay & caliche Lenses	220	243	Fine to some med sd w/caliche lenses
				243	268	Sandy clay w/sandstone strks
57	70		Clay & caliche w/sand strks	268	275	Fine to med sd w/clay & caliche
70	100		Fine to some med sd w/clay & Caliche	275	295	Fine to med sd w/clay lenses
				295	300	Yellow ochre/black shale
100	113		Fine to med sd w/sdstpme strls			
113	124		Caliche w/sandstrks			
124	140		Fine to med sd w/caliche strks			
140	168		Fine to some med sd w/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) 1-4-08 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) 1-7-08
 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, 1900 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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