

OFFICE USE ONLY

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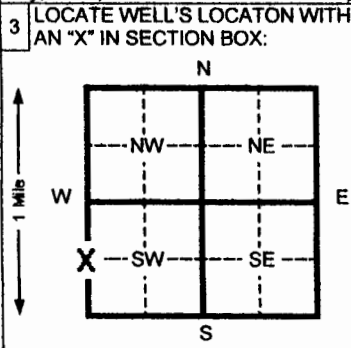
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1 LOCATION OF WATER WELL: Fraction **SW 1/4 NW 1/4 SW 1/4** Section Number **14** Township Number **T 6 S** Range Number **R 26** (EW)

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

2 WATER WELL OWNER: **Fred Moss, DVM**  
 RR#, St. Address, Box #: **1217 Utah** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Hoxie, Ks 67740** Application Number: **20070306**



4 DEPTH OF COMPLETED WELL **255** 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 **252** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:  Public water supply  Air conditioning  11 Injection well

1 Domestic  3 Feed lot  Oil field water supply  8 Dewatering  12 Other (Specify below)

2 Irrigation  4 Industrial  7 Lawn and garden (domestic)  10 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  Clamped \_\_\_\_\_

2 PVC  4 ABS  6 Asbestos-Cement  9 Other (specify below) \_\_\_\_\_ Welded \_\_\_\_\_

7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_

Blank casing diameter **4.5** in. to **215** 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:  7 PVC  10 Asbestos-cement

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  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 **215** ft. to **255** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **255** 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  **none**

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			Strks
2	35		Loess	205	222	Sandy clay w/caliche lenses
35	43		Clay w/caliche	222	252	Fine to med sand w/clay strks
43	51		Clay & caliche w/sand lenses	252		flint
51	59		Clay w/caliche strks			
59	64		Sandstone			
64	72		Caliche w/clay strks			
72	101		Clay w/caliche strks & sand			
			Lenses			
101	110		Fine to med sd w/clay & caliche			
			Strks			
110	121		Caliche w/clay strks			
121	145		Fine to med sd w/caliche lenses			
145	205		Fine to med sd w/clay & caliche			

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) **8-21-07** 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) **9-21-07** under the business name of **Woofer Pump & Well Inc.** by (signature) *Woofer Pump & Well Inc.*

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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.