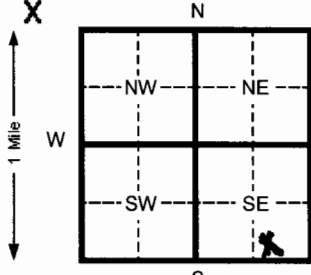


1 LOCATION OF WATER WELL: Fraction SW 1/4 SE SE 1/4 Section Number 24 Township Number T 6 S Range Number R 30 EW
 County: **Sheridan**
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Deborah Schuler**
 RR#, St. Address, Box # : **PO Box 137** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Selden, KS 67757** Application Number:

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


4 DEPTH OF COMPLETED WELL 220 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL _____ 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 240 ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 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 _____
 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____
 Blank casing diameter 4.5 in. to _____ 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 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 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 _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to _____ 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 none
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			Stone strks & clay lenses
2	31		Loess	143	180	Fine & med sand w/caliche strks & Clay lenses
31	60		Clay w/caliche strks			Clay lenses
60	72		Fine sand w/clay & caliche lens	180	193	Caliche w/sand strks & clay lenses
72	80		Fine & med sand w/clay & Caliche strks	193	203	Fine & med sand w/caliche & clay Strks
80	93		Fine & med sand w/clay & Caliche lens	203	220	Fine sand & sandy clay w/clay & Caliche lenses
93	104		Caliche & clay w/sand lenses	220	240	Yellow ochre/black shale
104	120		Fine & med sand w/clay & Caliche strks			
120	127		Sandstone & fine sand w/clay Lenses			
127	143		Fine to some med sand w/sand			

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) 4/07/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 and/or 783 This Water Well Record was completed on (mo/day/yr) 6-5-09 under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay C. Woofter*

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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