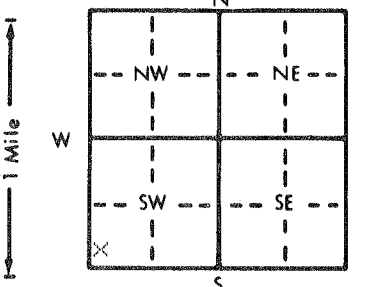


1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 SW 1/4 Section Number 22 Township Number T 7 S Range Number R 26 W EW  
 County: Sheridan  
 Distance and direction from nearest town or city street address of well if located within city?  
N/A - LOCATION CONFIRMED BY GMD #4

2 WATER WELL OWNER: Clarence Jones  
 RR#, St. Address, Box # : Box 967 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Hoxie, KS 67740 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL... 1.18 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1.18 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL DRY ft. below land surface measured on mo/day/yr ..... ft.  
 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 ..... in. to ..... ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic     2 Irrigation     3 Feedlot     4 Industrial     5 Public water supply     6 Oil field water supply     7 Lawn and garden only  
 8 Air conditioning     9 Dewatering     10 Monitoring well     11 Injection well     12 Other (Specify below)  
 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 5 in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 6 in., weight ..... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel     2 Brass     3 Stainless steel     4 Galvanized steel     5 Fiberglass     6 Concrete tile     7 PVC     8 RMP (SR)     9 ABS     10 Asbestos-cement     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     10 Other (specify) .....  
 11 None (open hole)  
 SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL:  1 Neat cement     2 Cement grout     3 Bentonite     4 Other .....  
 Grout Intervals: From 2 ft. to 6 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) .....  
 Direction from well? NORTHEAST How many feet? 115 1/4 MILES

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
	ENTER		<u>11 1/2</u>	<u>6</u>	<u>REMOVED UPPER 4' OF CASING CLAY</u>
	PLUGGING		<u>6</u>	<u>2</u>	<u>CEMENT</u>
			<u>2</u>	<u>0</u>	<u>CLAY</u>
	INFORMATION				
	AT				
	RIGHT				

RECEIVED

JUL 27 1990

DIVISION OF ENVIRONMENT

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/year) 4-21-90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) 4-23-90 under the business name of ..... by (signature) Clarence Jones