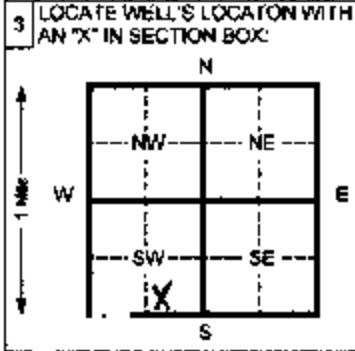


1 LOCATION OF WATER WELL: Fraction SE SE SW Section Number 11 Township Number T 7 S Range Number R 27 SW
 County: Sheridan
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Janet Shaw
 RR#, Bl. Address, Box #: RR1, Box 18 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Hoxie, Ks 67740 Application Number:



4 DEPTH OF COMPLETED WELL: 200 ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: 75 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 210 ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Devastating 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: 4.5 in. to 160 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 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 160 ft. to 200 ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 200 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	149	175	Fine to med sd w/clay strks
2	18		Fine to med sand w/clay lenses	175	182	Clay w/sand strks
18	32		Fine to some med sd w/clay	182	198	Fine to med sd w/clay strks
			Strike	198	210	Yellow ochre/black shale
32	40		Fine to med sd w/clay & caliche			
			Lens			
40	58		Fine to med sd w/clay lenses			
58	76		Fine to some med sd w/clay & Caliche strks			
76	85		Fine to med sd w/caliche lens			
85	111		Sandstone w/clay strks			
111	134		Fine to med sd w/sandstone Lenses			
134	149		Fine to med sd w/clay lenses			

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) 8-4-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 564 This Water Well Record was completed on (mo/day/yr) 8-17-07 under the business name of Woolfar 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 66612-1357. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.