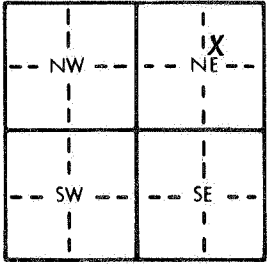


LOCATION OF WATER WELL: Fraction SW 1/4 NE 1/4 NE 1/4 Section Number 25 Township Number T 7 S Range Number R 27 E
 County: Sheridan

Distance and direction from nearest town or city street address of well if located within city?
7 miles East, 5 miles North and 1 1/2 miles East of Hoxie, Kansas

WATER WELL OWNER: Sharon Webb
 RR#, St. Address, Box #: Route 4
 City, State, ZIP Code: Hutchinson, Kansas 67501
 Board of Agriculture, Division of Water Resources
 Application Number:

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

 DEPTH OF COMPLETED WELL: 183 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 140 ft. 2. 183 ft. 3. 183 ft.
 WELL'S STATIC WATER LEVEL 140 ft. below land surface measured on mo/day/yr July 24, 1984
 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 9 in. to 183 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well Stock well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 6 Asbestos-Cement 9 Other (specify below) Threaded _____
 Blank casing diameter 5 in. to 163 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. _____

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 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 163 ft. to 183 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 10 ft. to 183 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 10 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
 Direction from well? west How many feet? 2,640 feet

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Surface	125	128	3/ Caliche
3	22	Clay	128	131	08 Med. Sand
22	41	08 Med. Sand	131	134	01 Caliche & Clay
41	44	3/ Caliche	134	137	08 Med. Sand
44	57	01 Clay	137	138	3/ Caliche
57	67	08 Med. Sand	138	155	Clay
67	92	01 Clay & Caliche	155	156	31 Caliche
92	94	3/ Caliche	156	177	08 Med. Sand
94	97	08 Med. Sand	177	178	01 Clay
97	113	01 Caliche & Clay	178	184	08 Med. Sand
113	115	08 Med. Sand	184	195	01 Clay
115	122	3/ Caliche			
122	123	08 Med. Sand			
123	124	3/ Caliche			
124	125	08 Med. Sand			

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) July 24, 1984 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 394 This Water Well Record was completed on (mo/day/yr) August 18, 1984 under the business name of Woofter Pump & Well by (signature) Walter Woofter
 INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.