

1 LOCATION OF WATER WELL  
 County: SHERIDAN Fraction NW 1/4 NW 1/4 NW 1/4 Section Number 5 Township Number T 7 S Range Number R 29 E/W  
 Distance and direction from nearest town or city? 4.5 1W OF SELDEN Street address of well if located within city?

2 WATER WELL OWNER: DANNY SHAW  
 RR#, St. Address, Box #: 0430A  
 City, State, ZIP Code: SELDEN KANSAS 67157  
 Board of Agriculture, Division of Water Resources  
 Application Number: 92K173

3 DEPTH OF COMPLETED WELL: 190 ft. Bore Hole Diameter: 28 in. to 190 ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawn and garden only 10 Observation well  
 Well's static water level: 98'8" ft. below land surface measured on 5-29 month 29 day 82 year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 800 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

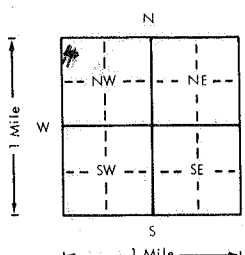
4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing dia: 16 in. to 150 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 12 in., weight 188 lbs./ft. Wall thickness or gauge No \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 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-Perforation Dia: 16 in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 150 ft. to 190 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From 10 ft. to 190 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grouted 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 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) NONE  
 13 Watertight sewer lines  
 Direction from well: \_\_\_\_\_ How many feet \_\_\_\_\_ ? Water Well Disinfected? Yes \_\_\_\_\_ No ✓  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date sample submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes ✓ No \_\_\_\_\_  
 If Yes: Pump Manufacturer's name: BE WE INSTALLED Model No. HIS PUMP Volts \_\_\_\_\_  
 Depth of Pump Intake: 185 ft 8" ft. Pumps Capacity rated at \_\_\_\_\_ gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other \_\_\_\_\_

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 214  
 This Water Well Record was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year under the business name of BLUE JAY DRILLING CO INC by (signature) [Signature]

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	95	Clay 7 sand M Gravel sandy clay	95	115	Sand Stone
95	115	Clay M Gravel sandy clay	115	135	" "
115	135	M Gravel sandy clay	135	145	" "
135	145	" "	145	155	Sand Stone
145	155	" "	155	168	" "
155	168	loose	168	180	sandy clay sand stone (actual)
168	180	" "	180	187	Med gravel loose
180	187	" "	187	190	Other shale

ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. 98'8" ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft. 4. \_\_\_\_\_ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.