

1 LOCATION OF WATER WELL: Fraction **NW ¼ NE ¼ NW ¼** Section Number **5** Township Number **T 7 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: Vernon Vance
 RR#, St. Address, Box #: **310 School St** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Rexford, Ks 67753** 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 **NA** 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 **220** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 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
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter **4.5** in. to **180** 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: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **180** ft. to **220** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **220** 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			Lenses
2	28		Loess	113	121	Fine to med sd w/clay & caliche strks
28	45		Fine to med sd w/clay & caliche Strks	121	127	Fine to some med sd w/clay & caliche Lenses
45	51		Caliche w/clay strks	127	136	Fine sd & sdy clay w/clay & cal lenses
51	68		Fine to med sd w/clay & caliche Lenses	136	147	Fine to some med sd w/cal lenses
68	80		Clay & caliche w/sd lenses	147	156	Fine to some med sd w/clay&cal strks
80	86		Fine sd & sandy clay w/clay & Caliche	156	162	Fine & med sd w/clay & caliche strks
86	94		Clay & caliche w/sd lenses	162	169	Fine & med sd w/caliche strks
94	100		Fine to some med sd w/clay & Caliche strks	169	184	Fine & med sd w/caliche strks
100	113		Fine to some med sd w/clay	184	190	Fine & med sand
				190	194	Clay
				194	212	Fine & med sd w/clay lenses
				212	220	Yellow ochre

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) **5-15-08** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **06-04-08**
 under the business name of **Woofter Pump & Well Inc.** by (signature) *D. B. 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.

OFFICE USE ONLY

T
R

SEC