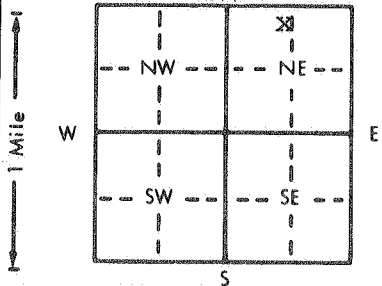


1 LOCATION OF WATER WELL: County: Sheridan Fraction NE 1/4 NW 1/4 NE 1/4 Section Number 24 Township Number T 7 S Range Number R 30 EW

Distance and direction from nearest town or city street address of well if located within city?
6 miles North 9 1/4 West of Hoxie

2 WATER WELL OWNER: Gerald Hill
 RR#, St. Address, Box # : Box 621 Board of Agriculture, Division of Water Resource
 City, State, ZIP Code : Hoxie, Ks. 67740 Application Number: 39035

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



4 DEPTH OF COMPLETED WELL: 239 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 15.1 ft. below land surface measured on mo/day/yr 3-10-89
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 1200 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 28 in. to 239 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X _____

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 X _____
 7 Fiberglass _____ Threaded _____

Blank casing diameter: 16 in. to 179 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 36.91 lbs./ft. Wall thickness or gauge No. 219

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) _____
 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 179 ft. to 239 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 239 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 _____

Direction from well? East How many feet? 2640

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface	125	137	Clay
3	40	Clay	137	138	Sand & clay streaks
40	43	Med sand	138	153	Sand
43	50	Clay & sandy clay	153	154	Clay & caliche streaks
50	60	Sand	154	176	Med sand
60	61	Clay	176	180	Med hard caliche
61	81	Sand & caliche & clay Med hard	180	194	Med sand (loose)
81	88	Sand	194	198	Sandy clay w/sand streaks
88	92	Clay	198	199	Clay
92	99	Med sand	199	212	Med sand
99	102	Clay	212	214	Clay
102	103	Med to coarse sand	214	233	Med sand & gravel
103	112	Med sand 1' clay	233	239	Ochre
112	124	Clay w/caliche streaks	239	240	Shale
124	125	Hard caliche			

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) 3-10-89 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) 3-16-89 under the business name of Woofter Pump & Well by (signature) Walt 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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.