

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Sheridan</b>		<b>SE ¼ NE ¼ SW ¼</b>	<b>31</b>	<b>T 8 S</b>	<b>R 26W EW</b>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <b>Jim Schamberger</b>					
RR#, St. Address, Box # : <b>1650 E Rd</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Penokee, KS 67659</b>			Application Number: <b>20050337</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>113</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL _____ 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 <b>8</b> in. to <b>113</b> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <input checked="" type="radio"/> 5 Public water supply <input type="radio"/> 8 Air conditioning <input type="radio"/> 11 Injection well			
		<input type="radio"/> 1 Domestic <input type="radio"/> 3 Feed lot <input checked="" type="radio"/> 6 Oil field water supply <input type="radio"/> 9 Dewatering <input type="radio"/> 12 Other (Specify below)			
		<input type="radio"/> 2 Irrigation <input type="radio"/> 4 Industrial <input type="radio"/> 7 Lawn and garden (domestic) <input type="radio"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="radio"/> 1 Steel		<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought Iron	<input type="radio"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="radio"/> 2 PVC		<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 9 Other (specify below)	<input type="checkbox"/> Welded
			<input type="radio"/> 7 Fiberglass		<input type="checkbox"/> Threaded
Blank casing diameter <b>4.5</b> in. to <b>73</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="radio"/> 1 Steel		<input type="radio"/> 3 Stainless steel	<input type="radio"/> 5 Fiberglass	<input checked="" type="radio"/> 7 PVC	<input type="radio"/> 10 Asbestos-cement
<input type="radio"/> 2 Brass		<input type="radio"/> 4 Galvanized steel	<input type="radio"/> 6 Concrete tile	<input type="radio"/> 8 RMP (SR)	<input type="radio"/> 11 Other (specify)
				<input checked="" type="radio"/> 9 ABS	<input type="radio"/> 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="radio"/> 1 Continuous slot		<input type="radio"/> 3 Mill slot	<input type="radio"/> 5 Gauzed wrapped	<input checked="" type="radio"/> 8 Saw cut	<input type="radio"/> 11 None (open hole)
<input type="radio"/> 2 Louvered shutter		<input type="radio"/> 4 Key punched	<input type="radio"/> 6 Wire wrapped	<input type="radio"/> 9 Drilled holes	
			<input type="radio"/> 7 Torch cut	<input type="radio"/> 10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From <b>73</b> ft. to <b>113</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>113</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input type="radio"/> 1 Neat cement		<input type="radio"/> 2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	<input type="radio"/> 4 Other _____	
Grout Intervals From <b>0</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="radio"/> 1 Septic tank		<input type="radio"/> 4 Lateral lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 14 Abandoned water well
<input type="radio"/> 2 Sewer lines		<input type="radio"/> 5 Cess pool	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 15 Oil well/ Gas well
<input type="radio"/> 3 Watertight sewer lines		<input type="radio"/> 6 Seepage pit	<input type="radio"/> 9 Feedyard	<input type="radio"/> 12 Fertilizer storage	<input type="radio"/> 16 Other (specify below)
				<input type="radio"/> 13 Insecticide storage	<input checked="" type="checkbox"/> None
Direction from well?			How many feet?		
FROM	TO	CODE	LITHOLOGIC LOG		PLUGGING INTERVALS
<b>0</b>	<b>2</b>		<b>112</b>	<b>114</b>	<b>Flint w/ Yellow Ochre Str</b>
<b>2</b>	<b>3</b>		<b>114</b>	<b>120</b>	<b>Brown Shale</b>
<b>3</b>	<b>35</b>				
<b>35</b>	<b>50</b>				
<b>50</b>	<b>69</b>				
<b>69</b>	<b>75</b>				
<b>75</b>	<b>81</b>				
<b>81</b>	<b>89</b>				
<b>89</b>	<b>93</b>				
<b>93</b>	<b>104</b>				
<b>104</b>	<b>108</b>				
<b>108</b>	<b>110</b>				
<b>110</b>	<b>112</b>				
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) <b>11-9-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>11-15-05</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>James C. [Signature]</i>					
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 66612-1387. Telephone: 913-298-5546. Send one to WATER WELL OWNER and retain one for your records.					

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