

<b>1</b> LOCATION OF WATER WELL:	Fraction County: <b>Sheridan</b> <b>NW</b> ¼ <b>SE</b> ¼ <b>NE</b> ¼	Section Number <b>4</b>	Township Number T <b>8</b> S	Range Number R <b>26</b> <b>EW</b>		
Distance and direction from nearest town or city street address of well if located within city?						
<b>2</b> WATER WELL OWNER:	<b>Bill Nondorf</b>					
RR#, St. Address, Box #	<b>Rt 1, Box 65</b>					
City, State, ZIP Code	<b>Hoxie, Ks 67740</b>					
Board of Agriculture, Division of Water Resources			Application Number:			
<b>3</b> LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<b>4</b> DEPTH OF COMPLETED WELL <b>120</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>120</b> ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:				
<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden (domestic) <input type="checkbox"/> 10 Monitoring well		<input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)				
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 <input checked="" type="checkbox"/> No						
<b>5</b> TYPE OF BLANK CASING USED:	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)			
Blank casing diameter <b>4.5</b> in. to <b>80</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="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)						
SCREEN-PERFORATED INTERVALS: From <b>80</b> ft. to <b>120</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>120</b> ft. From _____ ft. to _____ ft.						
<b>6</b> GROUT MATERIAL:	<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout		<input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____			
Grout Intervals From <b>0</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/ Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage <b>none</b>						
Direction from well?			How many feet?			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	113	120	Yellow ochre/black shale
2	13		Fine to med sand			
13	21		Fine to some med sand w/ Caliche strks			
21	33		Sandstone w/clay & caliche Lenses			
33	39		Clay w/caliche strks			
39	48		Fine sand w/clay lenses			
48	61		Caliche w/clay strks			
61	64		Fine sand			
64	70		Caliche & clay			
70	88		Fine sand			
88	113		Fine to med sd w/caliche lenses & clay lenses			
<b>7</b> CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>8-9-07</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>9-7-07</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>Jay Woofter</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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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