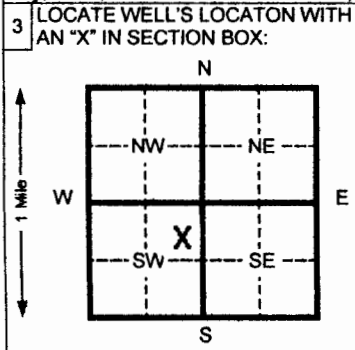


1 LOCATION OF WATER WELL: Fraction **SW 1/4 NE 1/4 SE 1/4** Section Number **26** Township Number **T 8 S** Range Number **R 27 EW**
 County: **Sheridan**
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Glen & Molly Brown**
 RR#, St. Address, Box #: **800 12th St** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Hoxie, KS 67740** Application Number: **20070145**



4 DEPTH OF COMPLETED WELL **120** 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 **120** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: Public water supply Air conditioning Injection well
 Domestic Feed lot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Lawn and garden (domestic) 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:
 Steel RMP (SR) Asbestos-Cement Other (specify below) Welded
 PVC ABS Fiberglass _____ Threaded
 Blank casing diameter **4.5** in. to _____ 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:
 Steel Stainless steel Fiberglass PVC Asbestos-cement
 Brass Galvanized steel Concrete tile ABS Other (specify) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauzed wrapped Saw cut None (open hole)
 Louvered shutter Key punched Wire wrapped Drilled holes
 _____ _____ _____ _____
 SCREEN-PERFORATED INTERVALS: From **80** ft. to **120** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **120** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite 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:
 Septic tank Lateral lines Pit privy Livestock pens Abandoned water well
 Sewer lines Cess pool Sewage lagoon Fuel storage Oil well/ Gas well
 Watertight sewer lines Seepage pit Feedyard Insecticide storage Fertilizer storage Other (specify below)
 _____ _____ _____ _____ _____ _____
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	115	120	Yellow ochre
2	8		Loess			
8	21		Clay w/caliche strks			
21	26		Fine sand w/clay lenses			
26	36		Fine to med sand w/clay lenses			
36	40		Fine to med sand w/sandstone			
			Strks			
40	45		Sandstone			
45	69		Fine to med sand w/clay & Caliche strks			
69	74		Clay & caliche w/sand strks			
74	94		Fine sand w/clay & caliche strks			
94	110		Clay & caliche w/sand strks			
110	115		Fine to med sand w/clay strks			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/yr) **4-26-07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **4-27-07** under the business name of **Woofter Pump & Well Inc.** by (signature) *[Signature]*
 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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