

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
County: Sheridan	SW 1/4 SW 1/4 SE 1/4	17	T 8 S	R 27 E		
Distance and direction from nearest town or city; street address of well if located within city? 4 1/2 E 1/2 South Hoxie						
2 WATER WELL OWNER: Charles B. Taylor		Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box # : 640 14th st		Application Number:				
City, State, ZIP Code : Hoxie, Ks 67740						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 80 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 9 in. to 80 ft. and _____ in. to _____ ft.				
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
		<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____				
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____				
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____		
<input checked="" type="checkbox"/> 2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____		
		7 Fiberglass		Threaded _____		
Blank casing diameter _____ in. to 60 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface 18 in., weight 2.355 lbs./ft. Wall thickness or gauge No. .214						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement		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:						
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut 11 None (open hole)		6 Wire wrapped 9 Drilled holes				
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS: From 60 ft. to 80 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 80 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 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		11 Fuel storage 15 Oil well/ Gas well				
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)		3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage none				
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	5		Loess			
5	11		Fine sand w/caliche strks			
11	20		Fine sand & sdstone w/clay & Caliche			
20	27		Clay w/caliche strks			
27	42		Fine sand w/clay & caliche strks			
42	46		Fine sand w/clay lenses			
46	55		Fine to med sd w/clay lenses			
55	64		Fine to med sd w/clay & caliche Strks			
64	75		Fine to med sd w/small gravel			
75	80		Black shale			
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) 03-06-09 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) 03-06-09 under the business name of Woofter Pump & Well Inc. by (signature) <i>[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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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