

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
County: Sheridan	SE ¼ SE ¼ SW ¼	1	T 8 S	R 28		
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Bill Richardson Trust						
RR#, St. Address, Box # : Box 768			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Hoxie, Ks 67740			Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 140 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 140 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 4.5 in. to 120 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:						
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)		
		9 ABS		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 120 ft. to 140 ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 140 ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ 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				
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		None		
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	110	127	Fine & med sand w/caliche & clay
2	5		Loess			Strks
5	13		Fine & med sand	127	139	Fine to some med sand
13	20		Caliche & clay w/sand lenses	139	140	Ochre
20	47		Fine sand & sandstone w/traces			
			Of clay & caliche			
47	54		Fine to some med sand w/clay			
			& caliche lenses			
54	65		Fine & med sand w/caliche &			
			Clay strks			
65	73		Sandstone w/clay & caliche strk			
73	80		Fine & med sand & sandstone			
			w/clay & caliche strks			
80	110		Fine & med sand w/caliche lens			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/yr) 12/17/08 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) 12/22/08 under the business name of Woofter Pump & Well Inc. by (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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