

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Sheridan		SW ¼ SW ¼ NE ¼	34	T 8 S	R 29 EW	
Distance and direction from nearest town or city street address of well if located within city?						
Castle Resources						
2 WATER WELL OWNER: Duane Steinshouer						
RR#, St. Address, Box # : 1241 Pine Ave			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Hoxie, Ks 67740			Application Number: 20080546			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 205 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 210 ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well				
1 Domestic 3 Feed lot <input checked="" type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 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 165 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		<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> 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 165 ft. to 205 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 205 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	120	133	Fine to med sd w/clay strks &
2	20		Fine sand w/traces of caliche			Caliche lenses
20	32		Fine to med sd w/clay & caliche	133	140	Clay & caliche w/sd strks
			Strks	140	160	Fine to med sd w/caliche strks &
32	51		Fine to med sd w/clay & caliche			Clay lenses
			Lenses	160	180	Fine to some med sd w/clay & caliche
51	62		Clay & caliche w/sd lenses			Strks
62	68		Fine sand w/caliche strks	180	198	Fine to med sand w/clay lenses
68	78		Fine to med sd w/clay & caliche	198	210	Yellow ochre/black shale
			Strks			
78	103		Clay & caliche w/sand strks			
103	115		Fine to some med sd w/clay			
			Strks & caliche lenses			
115	120		Clay & caliche w/sand strks			
7 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) 12-10-08 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) 12-17-08 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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