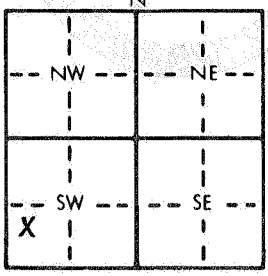


LOCATION OF WATER WELL: County: <b>Sheridan</b>	Fraction <b>NW</b> 1/4 <b>SW</b> 1/4 <b>SW</b> 1/4	Section Number <b>16</b>	Township Number T <b>8</b> S	Range Number R <b>29</b> E/W
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Distance and direction from nearest town or city street address of well if located within city?

**6 miles West and 4 miles South of Hoxie, Kansas**

WATER WELL OWNER: **Mrs. Harold Selbe**  
 RR#, St. Address, Box #: **1425 Pine Avenue**  
 City, State, ZIP Code: **Hoxie, Kansas 67740**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	DEPTH OF COMPLETED WELL: <b>225'</b> ft. ELEVATION: .....
	Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL: <b>90'</b> ft. below land surface measured on mo/day/yr <b>April 26, 1984</b> 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>9</b> in. to <b>225</b> ft., and ..... in. to ..... ft.
	WELL WATER TO BE USED AS: 1 <input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 <del>Other (Specify below)</del> <b>Stock well</b> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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

TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued  Clamped .....

Blank casing diameter: **5** in. to **205** ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.  
 Casing height above land surface: **12** in., weight **287.3** lbs./ft. Wall thickness or gauge No. **265**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) .....

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 **205** ft. to **225** ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **15** ft. to **225** ft., From ..... ft. to ..... ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grout Intervals: From **5** ft. to **15** 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  
 Direction from well? **North** How many feet? **1000'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Surface	111	117	7 Fine Sand 196-199 7 Fine Sand
3	27	1/2 Clay	117	121	1/2 Clay 199-208 1/2 Clay
27	31	1/4 Sandy Clay	121	128	3/8 Med. Sand 208-219 3/8 Med. Sand
31	38	1/8 Med. Sand	128	134	2/3 Cemented Sand 219-225 Ochre
38	79	1/2 Clay	134	135	1/2 Clay 225-230 1/9 Shale
79	80	3/4 Caliche	135	137	1/2 Fine Sand
80	84	1/2 Clay	137	139	1/2 Clay
84	85	3/4 Caliche	139	144	1/8 Med. Sand
85	91	1/2 Fine Sand	144	147	Clay
91	99	1/4 Sandy Clay	147	150	1/2 Clay
99	100	3/4 Caliche	150	151	1/2 Caliche
100	103	1/2 Clay	151	154	1/2 Fine Sand
103	104	3/4 Caliche	154	156	1/2 Clay
104	105	1/2 Clay	156	176	1/2 Med. Sand w/Clay streaks
105	111	3/4 Caliche	176	196	1/2 Clay

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/year) **April 26, 1984** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **394** This Water Well Record was completed on (mo/day/yr) **June 28, 1984** under the business name of **Woofter Pump & Well** by (signature)

INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.