		and the second s		ER WELL RECORD	Form	WWC-5					
1 LOCATIO	N OF WAT		Fraction			Sec	tion Number	Tow	nship Number	Range Number	
County: Distance ar	Shericand direction	****	NW ½ wn or city street	4 <u>NW</u> 1/4 address of well if lo		⅓ nin city?	23	<u> </u>	8 S	R 29 EW	
4 mil	les wes	st of Hox	xie, Ks.								
2 WATER	WELL OW	NER: Darre	ell Allen								
RR#, St. A	ddress, Box	# : Rt. 1	L					Во	ard of Agriculture	, Division of Water Resource:	
City, State, ZIP Code : Hoxie, Ks.							Application Number:				
LOCATE AN "X" I	N SECTION	CATION WITH	4 DEPTH OF Depth(s) Groun	COMPLETED WELL dwater Encountered	23 I 1	3.5	ft. ELEV	ATION:		3	
P	1	^ 0									
-	Pump test data: Well water was										
3.25											
Bore Hole Diameter 8 in. to											
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other							2 Other (Specify below)				
***	2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well										
	Was a chemical/bacteriological sample submitted to Department? YesNo. x; If yes, mo/day/yr san								es, mo/day/yr sample was sub		
da Grane	samuente de la companya de la compa		mitted				W	ater Well Di	sinfected? Yes	X No	
5 TYPE O	F BLANK C	ASING USED:		5 Wrought iron		8 Concre	ete tile	CAS	NG JOINTS: Glu	ed . $\cdot_{\mathbf{X}}$ Clamped	
1 Ste	el	3 RMP (SI	R)	6 Asbestos-Cem	ent	9 Other	(specify belo	w)	We	lded	
2 PV		4 ABS								eaded	
Blank casing diameter .4.5. in. to .215. ft., Dia in. to .ft., Dia in. to .ft. Dia ft. Dia											
Casing heigh	ght above la	nd surface	<u>r</u>	in., weight	4.30		Ibs	./ft. Wall thi	ckness or gauge	No248	
TYPE OF			7 <u>PVC</u> 10 Asbestos-cement								
1 Ste		5 Fiberglass		8 RMP (SR)			• •	y)			
2 Bra		4 Galvaniz	6 Concrete tile					12 None used (•		
		RATION OPENIN			auzed wr	• •		8 <u>Saw</u> <u>c</u>	-	11 None (open hole)	
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)											
	vered shutt		(ey punched		orch cut	235	£4 5°°	10 Other	(specify)	toft.	
SUMEEIN-F	CHOHAIE	ED INTERVALS:								. toft.	
C	DAVEL DAV	CK INTERVALS:								. to	
C	IUWAET LW	JA INTERVALO.	From	ft.		, , , , , , , , , , , , , , , , , , , ,				to ft.	
6 GROUT	MATERIAL	: 1 Neat	cement								
Grout Inter								ft.,	From	ft. to	
Grout Intervals: From											
1 Se	ptic tank	4 Later	ral lines	7 Pit privy			11 Fuel storage 15 Oil well/Gas well			Oil well/Gas well	
2 Se	wer lines	5 Cess	s pool	8 Sewage lagoon			12 Fertilizer storage 16 Other (specify below)				
								, , , , , , , , , , , , , , , , , , , ,			
Direction from well? West How many feet? 70											
FROM	TO		LITHOLOGIC	C LOG		FROM	TO			INTERVALS	
0	3	Surface				166	168	Med.	sand	the best of the property and the second of t	
3	40		ith sand	streaks	······	168	174	Clay			
40	55	Large o				174	175	Med.	sand	VALUE AND SECURE AND S	
55 65	65	Fine sa			-	175	176	Clay	& calich		
65	66	Caliche Fine sa		11,144,164,16		176 194	194 210			——————————————————————————————————————	
66 80	80 90	ALT UNION TO MODELLA CONTRACTOR AND ADDRESS OF THE PARTY	and & cal	licho	1	210	229		clay sand	The second section of the sect	
90	96	Clay	anu & ca.	rrciie	1	229	232	Ochre			
96	104	_	o Med. sa	and	,	232	235	Shale			
104	118	Clay	O FIGU. BU	4114		<i></i>	233	Duar	ż ż		
118	137		o med. sa	and							
137	140	Calich						- Yo			
140	145	Med. s								7	
145	150		e & sand	streaks							
,150											
				TION: This water w	ell was (1) constru	icted, (2) red	constructed,	or (3) plugged u	ander my jurisdiction and wa	
completed	on (mo/day.	/year) 5. 1.	.09 0				and this rec	ord is true t	to the best of my	knowledge and belief. Kansa	
		's License No	394	This Wa							
	business na	me of	WOOFTER	PUMP WELL					salter		
INSTRU	JCTIONS: Use t	ypewriter or ball point	nt pen. PLEASE PRES	S FIRMLY and PRINT cle	arly. Please f	fill in blanks	, underline or cir	cle the correct	answers. Send top thre	ee copies to Kansas Department	

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.