

LOCATION OF WATER WELL: County: Sheridan	Fraction NE 1/4 NW 1/4 SW 1/4	Section Number 28	Township Number T 8 S	Range Number R 29 EW
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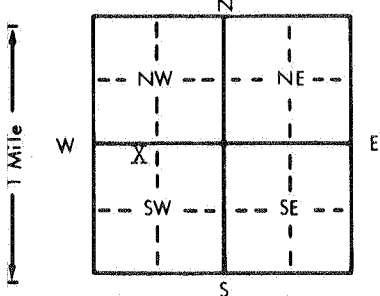
Distance and direction from nearest town or city street address of well if located within city?

7 West 1/2 South of Hoxie, KS

WATER WELL OWNER: **Vernon Mickey**
 RR#, St. Address, Box # : **1241 Pine Ave.**
 City, State, ZIP Code : **Hoxie, KS 67740**

Board of Agriculture, Division of Water Resources
 Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



DEPTH OF COMPLETED WELL: **144** ft. ELEVATION:

Depth(s) Groundwater Encountered **49** ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL **49** ft. below land surface measured on **mo/day/yr 1-26-82**

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 **144** in. to in. to ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well	Stock

Was a chemical/bacteriological sample submitted to Department? Yes.....No. ; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued	<input type="checkbox"/> Clamped
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded	<input type="checkbox"/> Threaded
		<input type="checkbox"/> 7 Fiberglass	Styrene		

Blank casing diameter **5** in. to **144** in. Dia. in. to ft. Dia. in. to ft.

Casing height above land surface **12** in., weight **1.75** lbs./ft. Wall thickness or gauge No. **214**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (specify) Styrene
				<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From **124** ft. to **144** ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **10** ft. to **144** ft., From ft. to ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From **0** ft. to **10** ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	

Direction from well? **North** How many feet? **1320**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	12	Clay	107	115	Medium Sand
12	24	Fine Sand	115	116	Clay
24	47	Medium Sand & Gravel	116	133	Medium Sand & Gravel
47	64	Clay	133	136	Sandy Clay & Fine Sand Layers
64	71	Fine Sand	136	139	Clay
71	73	Clay	139	144	Medium Sand & Gravel
73	74	Fine Sand Layer	144	151	Ochre
74	77	Clay	151	155	Shale
77	79	Fine Sand			
79	81	Clay			
81	82	Caliche			
82	89	Clay			
89	94	Caliche & Clay			
94	99	Fine To Medium Sand			
99	107	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) **1-26-82** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **394A** This Water Well Record was completed on (mo/day/yr) **5-17-82** under the business name of **F & W Drilling** by (signature) *[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.