

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sheridan		SW ¼ SW ¼ SE ¼	16	T 9 S	R 27 EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Dave Popp					
RR#, St. Address, Box # : Po Box 762			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Hoxie, KS 67740			Application Number: 20080483		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 215 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 215 ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input checked="" type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden (domestic) <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		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	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
		7 Fiberglass		8 Concrete tile	
				9 Other (specify below)	
Blank casing diameter 4.5 in. to 175 ft., Dia		_____ in. to _____ ft., Dia		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
Casing height above land surface 18 in., weight 2.38 lbs./ft.		_____ in. to _____ ft., Dia		Welded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		9 ABS	
		5 Fiberglass		11 Other (specify) _____	
		6 Concrete tile		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		<input checked="" type="checkbox"/> 8 Saw cut	
1 Continuous slot		3 Mill slot		11 None (open hole)	
2 Louvered shutter		4 Key punched		9 Drilled holes	
		6 Wire wrapped		10 Other (specify) _____	
		7 Torch cut			
SCREEN-PERFORATED INTERVALS:		From 175 ft. to 215 ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 20 ft. to 215 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) None	
Direction from well?		How many feet?			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	200	205
2	27		Loess	205	220
27	62		Clay & caliche w/sand lenses		
62	85		Fine & med sand & small gravel w/clay & caliche lenses		
85	120		Fine to some med sand w/clay & caliche lenses		
120	144		Clay & caliche w/sand strks		
144	156		Fine & med sand w/clay & Caliche strks		
156	167		Fine sand w/clay & caliche strk		
167	188		Clay & caliche w/sand strks		
188	195		Fine & med sand w/clay lenses		
195	200		Clay & caliche w/sand lenses		
7 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/yr) 10/27/08 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) 10-31-08 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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