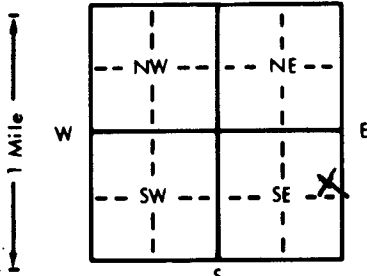


1 LOCATION OF WATER WELL: Fraction SE 1/4 NE 1/4 SE 1/4 Section Number 16 Township Number T 9 S Range Number R 27 E/W  
 County: Sheridan

Distance and direction from nearest town or city street address of well if located within city?  
6 miles south & six east of Hoxie, Ks.

2 WATER WELL OWNER: David Popp Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box # RT. 2 Application Number:  
 City, State, ZIP Code Hoxie, Ks. 67740

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL... 198 ft. ELEVATION: .....



Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL ... 110 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 198 ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well .....  
 Was a chemical/bacteriological sample submitted to Department? Yes.....No. x.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes x No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued x Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 2 PVC 4 ABS 7 Fiberglass Threaded.....

Blank casing diameter 4.5 in. to 178 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: 7 PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 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) .....

SCREEN-PERFORATED INTERVALS: From 178 ft. to 198 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 20 ft. to 198 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 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  
 Direction from well? SW How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface	112	120	Clay with cemented sand
3	21	Clay	120	123	Sandy clay
21	40	Sandy clay/caliche streaks	123	139	Clay & caliche
40	52	Fine to med. sand	139	144	Med. sand (loose)
52	59	Cemented sand	144	152	Clay with caliche streaks
59	67	Sandy clay	152	160	Fine to med. sand
67	71	Clay & caliche	160	167	Med. sand (tight)
71	73	Med. sand	167	173	Med. sand (loose)
73	77	Clay	173	176	Sandy clay
77	81	Med. sand	176	184	Sandy clay & caliche
81	86	Cemented sand	184	191	Fine to med. sand (loose)
86	96	Sandy clay /fine sand	191	193	Caliche & clay
96	100	Clay	193	197	Med. sand (loose)
100	104	Med. sand	197	198	Ochre
104	112	Sandy clay			

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/year) 2-28-92 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) 3-2-92 under the business name of WOOFER PUMP & WELL by (signature) Walker Woofler

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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R  
EW  
SEC.  
1/4  
1/4  
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