

**1 LOCATION OF WATER WELL:** Fraction **SW 1/4 NE 1/4 SW 1/4** Section Number **18** Township Number **T 9 S** Range Number **R 28 EW**  
 County: **Sheridan**  
 Distance and direction from nearest town or city street address of well if located within city?

**2 WATER WELL OWNER: Kenneth Clark**  
 RR#, St. Address, Box #: **308 N 6<sup>th</sup> St** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Hill City, KS 67642** Application Number: **20070159**

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

N

W	E
NW	NE
SW	SE
S	S

S

1 Mile

**4 DEPTH OF COMPLETED WELL** **210** 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 **210** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:  Public water supply  Air conditioning  Injection well  
 Domestic  Feed lot  Oil field water supply  Dewatering  Other (Specify below)

Irrigation  Industrial  Lawn and garden (domestic)  Monitoring well

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

Water Well Disinfected? Yes \_\_\_\_\_ No

**5 TYPE OF BLANK CASING USED:**

<input checked="" type="radio"/> Steel	<input type="radio"/> RMP (SR)	<input type="radio"/> Wrought Iron	<input type="radio"/> Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="radio"/> PVC	<input type="radio"/> ABS	<input type="radio"/> Asbestos-Cement	<input type="radio"/> Other (specify below)	Welded _____
		<input type="radio"/> Fiberglass		Threaded _____

Blank casing diameter **4.5** ft., Dia **170** 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:**

<input type="radio"/> Steel	<input type="radio"/> Stainless steel	<input type="radio"/> Fiberglass	<input checked="" type="radio"/> PVC	<input type="radio"/> Asbestos-cement
<input type="radio"/> Brass	<input type="radio"/> Galvanized steel	<input type="radio"/> Concrete tile	<input type="radio"/> RMP (SR)	<input type="radio"/> Other (specify)
			<input type="radio"/> ABS	<input type="radio"/> None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

<input type="radio"/> Continuous slot	<input type="radio"/> Mill slot	<input type="radio"/> Gauzed wrapped	<input checked="" type="radio"/> Saw cut	<input type="radio"/> None (open hole)
<input type="radio"/> Louvered shutter	<input type="radio"/> Key punched	<input type="radio"/> Wire wrapped	<input type="radio"/> Drilled holes	
		<input type="radio"/> Torch cut	<input type="radio"/> Other (specify)	

**SCREEN-PERFORATED INTERVALS:** From **170** ft. to **210** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From **20** ft. to **210** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  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:

<input type="radio"/> Septic tank	<input type="radio"/> Lateral lines	<input type="radio"/> Pit privy	<input type="radio"/> Livestock pens	<input type="radio"/> Abandoned water well
<input type="radio"/> Sewer lines	<input type="radio"/> Cess pool	<input type="radio"/> Sewage lagoon	<input type="radio"/> Fuel storage	<input type="radio"/> Oil well/ Gas well
<input type="radio"/> Watertight sewer lines	<input type="radio"/> Seepage pit	<input type="radio"/> Feedyard	<input type="radio"/> Fertilizer storage	<input type="radio"/> Other (specify below)
			<input type="radio"/> Insecticide storage	<b>None</b>

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			Caliche strks
2	5		Loess	107	113	Clay & caliche w/sand strks
5	10		Fine to med sand	113	118	Fine to med sand w/clay & caliche
10	15		Clay & caliche w/sand strks			Strks
15	35		Fine to med sand w/caliche	118	130	Fine to med sand w/caliche lenses
			Lenses	130	140	Clay & caliche w/sand lenses
35	40		Sandstone	140	153	Fine to med sand w/clay & caliche
40	71		Fine to med sand w/caliche			Strks
			Lenses	153	167	Fine to med sand w/clay lenses
71	77		Fine to med sand w/gravel &	167	190	Fine to med sand w/clay & caliche stk
			Clay & caliche strks	190	203	Clay & caliche w/sand strks
77	98		Clay & caliche w/sandstone	203	213	Gray Shale
			Strks			
98	107		Fine to med sand w/clay &			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/yr) **5-7-07** and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **5-7-07**  
 under the business name of **Woofter Pump & Well Inc.** by (signature) \_\_\_\_\_

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 8000 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.

OFFICE USE ONLY

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