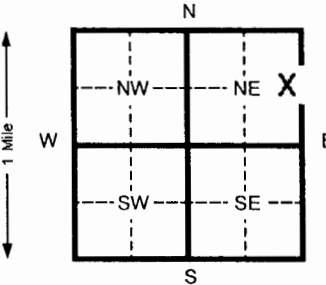


1 LOCATION OF WATER WELL: County: Sheridan		Fraction SE ¼ NE ¼ NE ¼	Section Number 11	Township Number T 9 S	Range Number R 28	
Distance and direction from nearest town or city street address of well if located within city? W W DRILLING						
2 WATER WELL OWNER: Bill Weeks RR#, St. Address, Box # : RT 2 City, State, ZIP Code : Hoxie, Ks 67740		Board of Agriculture, Division of Water Resources Application Number: 20080545				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL 140 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 140 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input checked="" 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 (domestic) <input type="checkbox"/> 10 Monitoring well 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: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass _____ Blank casing diameter 4.5 in. to 100 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		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ Welded _____ Threaded _____				
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"/> 11 Other (specify) _____ <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"/> 12 None used (open hole)		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement				
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 10 Other (specify) _____				
SCREEN-PERFORATED INTERVALS: From 100 ft. to 140 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From 20 ft. to 140 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 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: <input 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 <input type="checkbox"/> none				
Direction from well?		How many feet?				
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	13		Fine sand			
13	20		Caliche w/clay strks			
20	32		Caliche & clay w/sand strks			
32	40		Fine to med sd w/clay & caliche Strks			
40	62		Fine to med sd & small gravel w/clay lenses			
62	75		Clay & caliche w/sand lenses			
75	120		Fine to med sand w/clay & Caliche lenses			
120	133		Fine to med sand			
133	140		Yellow ochre/black shale			
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) 12-10-08 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) 12-17-08 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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