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1 LOCATION OF WATER WELL: Fraction SW 1/4 NE 1/4 SE 1/4 Section Number 2 Township Number T 9 S Range Number R 28 EW  
 County: Sheridan

Distance and direction from nearest town or city? 3 S 1 1/2 E Hoxie, Ks. Street address of well if located within city?

2 WATER WELL OWNER: William Shaffer  
 RR#, St. Address, Box # :  
 City, State, ZIP Code : Hoxie, Kansas  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: 46 ft. Bore Hole Diameter: 9 in. to 46 ft., and . . . . . in. to . . . . . ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawn and garden only 10 Observation well  
 Well's static water level: 23 ft. below land surface measured on . . . . . month 30 day 77 year  
 Pump Test Data : Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued . . . . . Clamped . . . . .  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 7 Fiberglass . . . . . Threaded . . . . .  
 Blank casing dia: 5 in. to 36 ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface: 12 in., weight . . . . . lbs./ft. Wall thickness or gauge No. 188  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) . . . . .  
 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) . . . . .  
 Screen-Perforation Dia: 5 in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From: 36 ft. to 46 ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From: 20 ft. to 46 ft., From . . . . . ft. to . . . . . ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . .  
 Grouted 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 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)  
 13 Watertight sewer lines . . . . . none  
 Direction from well . . . . . How many feet . . . . . ? Water Well Disinfected? Yes  No  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No  If yes, date sample  
 was submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes . . . . . No   
 If Yes: Pump Manufacturer's name . . . . . Model No. . . . . HP . . . . . Volts . . . . .  
 Depth of Pump Intake . . . . . ft. Pumps Capacity rated at . . . . . gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was  
 completed on . . . . . month 30 day 77 year . . . . .  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 214  
 This Water Well Record was completed on . . . . . month 9 day 23 year 89  
 name of BLUE JAY DRILLING CO. INC. by (signature) William Shaffer

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	20	top soil		
	20	46	med gravel			
	46	50	ochre shale			

ELEVATION: valley

Depth(s) Groundwater Encountered 1. 23 ft. 2. . . . . ft. 3. . . . . ft. 4. . . . . ft. (Use a second sheet if needed)  
 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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.