

1 LOCATION OF WATER WELL: County: <b>Sheridan</b>	Fraction <i>NW 1/4 NW 1/4 NE 1/4</i>	Section Number <b>15</b>	Township Number T <b>9</b> S	Range Number R <b>29</b> E(W)		
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: <b>Wes Bainter</b> RR#, St. Address, Box #: <b>Box 705</b> City, State, ZIP Code: <b>Hoxie, KS 67740</b>						
Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>145</b> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <b>NA</b> 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 <b>8</b> in. to <b>145</b> ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:				
<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feed lot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 7 Lawn and garden (domestic)		<input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/> 11 Injection well <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 _____ No <input checked="" type="checkbox"/>						
5 TYPE OF BLANK CASING USED:						
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete tile		<input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)		
Blank casing diameter <b>4.5</b> in. to <b>145</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>						
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"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:						
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)				
SCREEN-PERFORATED INTERVALS: From <b>105</b> ft. to <b>145</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>0</b> ft. to <b>145</b> 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 <b>0</b> ft. to <b>25</b> 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"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard		<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/ Gas well <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage <input checked="" type="checkbox"/> None				
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	145	147	Black Shale
2	15		Loess			
15	35		Clay			
35	47		Fine to Med Sand & Gravel			
47	62		Clay			
62	81		Fine to Some Med Sand			
81	87		Clay			
87	94		Fine to Med Sand w/Caliche str			
94	97		Clay			
97	115		Fine to Med Sand			
115	130		Clay & Caliche			
130	137		Fine to Some Med Sand			
137	143		Fine to Med Sand			
143	145		Yellow Ochre			
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) <b>9/12/06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>9/19/06</b> under the business name of <b>Woofter Pump &amp; Well</b> by (signature) <i>Jay C. Woofter, Jr. MD</i>						

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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 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.