

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Sheridan</u>	<u>NE</u> 1/4 <u>NW</u> 1/4 <u>NE</u> 1/4	<u>9</u>	T <u>9</u> S	R <u>29</u> E <u>(W)</u>
Distance and direction from nearest town or city? <u>4.5 - 6 W - Hoxie</u>		Street address of well if located within city?		

WATER WELL OWNER: Fred D. Pratt

FR#, St. Address, Box # : _____

City, State, ZIP Code : Hoxie, Kansas

Board of Agriculture, Division of Water Resources
Application Number: _____

DEPTH OF COMPLETED WELL: 200 ft. Bore Hole Diameter: 20 in. to _____ 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
2 Irrigation	4 Industrial	7 Lawn and garden only
9 Dewatering	10 Observation well	12 Other (Specify below)

Well's static water level: 108 ft. below land surface measured on 6 month 16 day 75 year

Pump Test Data : Well water was _____ ft. after _____ hours pumping. _____ gpm

Est. Yield 900 gpm: Well water was _____ ft. after _____ hours pumping. _____ gpm

TYPE OF BLANK CASING USED:

1 <u>Steel</u>	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: <u>Glued</u> _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	<u>Welded</u> _____
		7 Fiberglass		Threaded _____

Blank casing dia: 12 3/4 in. to _____ 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 <u>Steel</u>	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	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 <u>Louvered shutter</u>	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

Screen-Perforation Dia: 12 3/4 in. to 200 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 140 ft. to 200 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 10 ft. to 200 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other _____
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Grouted Intervals: From 0 ft. to 10 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	<u>None</u>

Direction from well _____ How many feet _____? Water Well Disinfected? Yes _____ No X

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes X No _____

If Yes: Pump Manufacturer's name: Hydro Model No. 12 Ch HP 100 Volts _____

Depth of Pump Intake: 195 ft. Pumps Capacity rated at 900 gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

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 10 day 75 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 28 day 75 year 80 under the business name of BLUE JAY DRILLING CO. INC. by (signature) [Signature]

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	95	top soil			
	95	142	sandy clay			
	142	193	Med gravel			
	193	196	S. clay s. stone			
	196	200	Med Gravel			
	200	205	Ochra shale			

ELEVATION: Upland

Depth(s) Groundwater Encountered 1. 108 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.