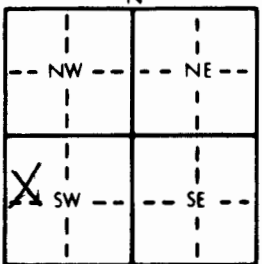


1 LOCATION OF WATER WELL: Fraction SW 1/4 NW 1/4 SW 1/4 Section Number 33 Township Number T 17 S Range Number R 36 **EW**
 County: Wichita

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Eugene Berning
 RR#, St. Address, Box #: Rt. 1 Box 12 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Leoti, Ks. 67861 Application Number: 1229 + 6286

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

 4 DEPTH OF COMPLETED WELL: 213 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL . . . 173 . . . 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 . . . 30 . . . in. to . . . 213 . . . 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 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr sample was sub-
 mitted Water Well Disinfected? Yes No X

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X . . . Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing diameter . . . 16 . . . in. to . . . 173 . . . ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface . . . 24 . . . in., weight . . . 16, 15 . . . lbs./ft. Wall thickness or gauge No. 500
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From . . . 173 . . . ft. to . . . 213 . . . ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From . . . 20 . . . ft. to . . . 213 . . . ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 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:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage NONE
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface	149	165	Med. Sand
3	12	Loess	165	172	Clay
12	23	Sandy Clay w/Caliche	172	176	Med. Sand
23	39	Caliche w/Sand & Clay	176	183	Fine to Med. Sand/Clay Lns.
39	43	Caliche	183	185	Fine Sandw/Clay Strks&Sandst
43	74	Caliche, Clay, Cem. Sand Strks	185	190	Med. Sand
74	85	Tight Med. Sand w/Cem. Sand	190	192	Clay
85	96	Sandy Clay & Cem. Sand	192	200	Med. Sand/Cemented Strks.
96	103	Fine to Med. Sand w/Clay	200	207	Med. Sand /Clay Layers
103	110	Sandy Clay & Cem. Sand	207	209	Ochre
110	119	Fine to Med. Sand w/Cem. Sand	209	213	Black Shale
119	138	Cemented Sand			
138	148	Tight Fine to Med. Sand w/ Cemented Strks.			
148	149	Clay & Caliche			

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/year) 4-25-96 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) 5-25-96 under the business name of Woofter Pump & Well, Inc. by (signature) Gayle W. Woofter

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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