

1 LOCATION OF WATER WELL: County: <b>HODGEMAN</b>	Fraction <b>NE 1/4 SW 1/4 SW 1/4</b>	Section Number <b>10</b>	Township Number <b>T 24 S</b>	Range Number <b>R 23 EW</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**3 East and 7 South of Jetmore, Kansas**

2 WATER WELL OWNER: **Herrmann Farms**  
 RR#, St. Address, Box #: **c/o Tom Werner**  
 City, State, ZIP Code: **Offerle, Kansas 67563**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **----**

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

N			
	NW	NE	
	SW	SE	
W			E
			S

4 DEPTH OF COMPLETED WELL: **210** ft. ELEVATION: **Slope**

Depth(s) Groundwater Encountered 1. **Not available** ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL **155** ft. below land surface measured on mo/day/yr **April 7, 1986**

Pump test data: Well water was .... ft. after .... hours pumping .... gpm

Est. Yield **10** gpm: Well water was .... ft. after .... hours pumping .... gpm

Bore Hole Diameter: **9.7/8** in. to **210** ft., and .... in. to .... ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input 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 only	<input type="checkbox"/> 10 Observation well	

5 Public water supply    8 Air conditioning    11 Injection well

Was a chemical/bacteriological sample submitted to Department? Yes.....No... **XX**...; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes **XX** No

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	CASING JOINTS: Glued <b>XX</b> Clamped .....
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		Welded .....
				Threaded .....

Blank casing diameter **5** in. to **170** ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.

Casing height above land surface **15** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **265**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement
<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"/> 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"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<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 **170** ft. to **210** ft., From .... ft. to .... ft.

GRAVEL PACK INTERVALS: From **10** ft. to **210** ft., From .... ft. to .... ft.

6 GROUT MATERIAL:  Neat cement    2 Cement grout    3 Bentonite    4 Other .....

Grout Intervals: From **0** ft. to **10** ft., From .... ft. to .... ft., From .... ft. to .... ft.

What is the nearest source of possible contamination: **NONE**

<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	

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6	Topsoil			
6	12	Clay			
12	17	Med. to Lar. Sand			
17	37	Clay			
37	100	Black Shale			
100	106	Dry Sandstone			
106	160	Black Shale			
160	166	Sandstone			
166	187	Black Shale			
187	193	Sandstone			
193	197	Black Shale			
197	206	Sandstone			
206	210	Red & 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/year) **April 11, 1986** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **252** This Water Well Record was completed on (mo/day/yr) **April 17, 1986** under the business name of **FRIESEN WINDMILL & SUPPLY INC.** by (signature) *[Signature]*

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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