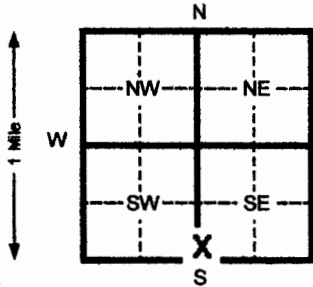


1 LOCATION OF WATER WELL: County: Sheridan	Fraction SW ¼ SW ¼ SE ¼	Section Number 29	Township Number T 6 S	Range Number R 27 E/W
--	-----------------------------------	-----------------------------	---------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?
7.5 miles N 3E 4N .5E of Hoxie

2 WATER WELL OWNER: **Pat Haffner**
 RR#, St. Address, Box # : **Rt 1, Box 33A**
 City, State, ZIP Code : **Hoxie, KS 67740**
 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 **240** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **150** 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 **8** in. to **240** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 ① Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:
 ① Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
 ② PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter **4.5** in. to **200** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**
 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-PERFORATED INTERVALS: From **200** ft. to **240** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **240** 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**
 How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	170	173	Clay
2	10		Loess	173	177	Fine to med sand
10	35		Clay	177	190	Clay
35	48		Clay & Caliche	190	194	Fine sand w/clay
48	77		Fine to med sand w/clay strks	194	200	Clay & Caliche
77	85		Clay	200	205	Fine sd w/lots of clay & caliche
85	100		Clay w/sand strk	205	227	Clay & Caliche
100	112		Fine to some med sd w/clay strk	227	240	Fine to med sand
112	116		Caliche			
116	121		Clay & Caliche			
121	130		Fine to med sand			
130	160		Clay & Caliche			
160	163		Fine sand w/clay & caliche			
163	170		Fine to med sand			

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) **5/23/06** 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) **6/16/06**
 under the business name of **Woofter Pump & Well** by (signature) *[Signature]*

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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.