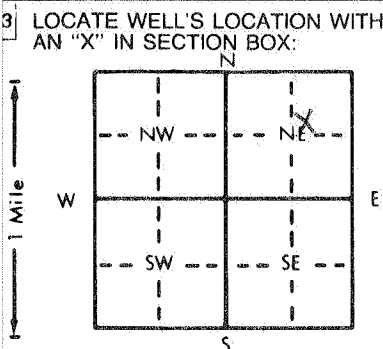


1 LOCATION OF WATER WELL: County: <u>Sheridan</u>	Fraction <u>SW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>23</u>	Township Number <u>T 7 S</u>	Range Number <u>R 27 E</u>
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Distance and direction from nearest town or city street address of well if located within city?
7 east 6 north & 1/2 east of Hoxie, Ks. 67740

2 WATER WELL OWNER: Lorena K. Summerson
 RR#, St. Address, Box # Hoxie, Ks. 67740
 City, State, ZIP Code _____
 Board of Agriculture, Division of Water Resources
 Application Number: 27820



4 DEPTH OF COMPLETED WELL: 210 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 138 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 2.8 in. to 210 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 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 16 in. to 130 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 18 in., weight 16.4 lbs./ft. Wall thickness or gauge No. 500
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 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 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 130 ft. to 210 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 210 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 _____
 Direction from well? SW How many feet? 200

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface	129	131	Med. sand
3	36	Clay	131	132	Clay
36	43	Med. to large sand	132	144	Med. sand (loose)
43	70	Clay	144	146	Clay
70	73	Fine to med. sand	146	165	Med. sand (loose) /caliche
73	78	Clay & caliche (not hard)	165	167	Clay
78	88	Clay	167	170	Med. sand (loose)
88	98	Clay & caliche (not hard)	170	175	Med. sand (tight) fine sand
98	101	Caliche & clay	175	183	Med. sand (loose)
101	102	Med. sand	183	186	Clay
102	106	Clay	186	196	Sand (loose) fine sand (loose)
106	107	Fine sand	196	197	Clay
107	111	Caliche & sand	197	198	Med. sand
111	128	Med. sand	198	203	Clay
128	129	Clay	203	204.5	Med. sand
			204.5	210	Ochre & 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) 3-28-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 394. This Water Well Record was completed on (mo/day/yr) 4-2-91 under the business name of WOOFER PUMP & WELL by (signature) Walter Woffler

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.