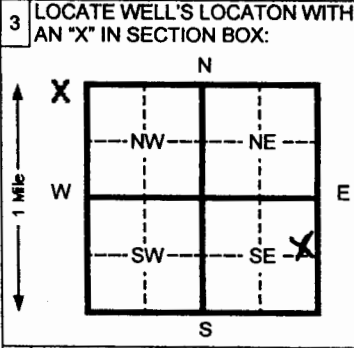


1 LOCATION OF WATER WELL: Fraction SE 1/4 NE 1/4 SE 1/4 Section Number 16 Township Number T 7 S Range Number R 28 E
 County: **Sheridan**

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

2 WATER WELL OWNER: **Ed Oelke**
 RR#, St. Address, Box # : **RR 1** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Hoxie, Ks 67740** Application Number: _____



4 DEPTH OF COMPLETED WELL 239 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL _____ 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 250 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 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 ② PVC 4 ABS 7 Fiberglass Threaded _____
 Blank casing diameter 4.5 in. to 199 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: 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 199 ft. to 239 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 239 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) none
 13 Insecticide storage _____
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	158	165	Caliche
2	21		Loess	165	192	Fine to med sand w/clay lens
21	32		Clay & caliche	192	196	Caliche & clay
32	56		Fine to med sand	196	213	Clay w/a few sand strks
56	72		Clay & caliche	213	230	Fine to med sand & some gravel
72	80		Fine to med sd w/clay strks	230	235	Clay
80	105		Clay w/caliche strks	235	238.5	Fine to med sand & some gravel
105	116		Fine to some med sand w/clay	238.5	250	Yellow ochre
			Lens			
116	121		Caliche & clay			
121	126		Clay			
126	142		Fine to some med sand			
142	145		Caliche			
145	158		Sandy clay w/caliche lens			

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) 4-09-05 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) 4-29-05
 under the business name of Woofter Pump & Well Inc. by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1800 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.

OFFICE USE ONLY

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