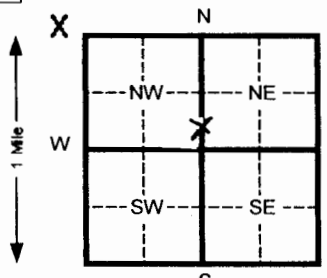


1 LOCATION OF WATER WELL: Fraction **C 1/4 S 1/4 N 1/2** Section Number **12** Township Number **T 7 S** Range Number **R 37** **EW**
 County: **Sherman**
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Bob McConville**
 RR#, St. Address, Box #: **Box E** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Indianola, Ks 69034** Application Number: **45785**

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

 4 DEPTH OF COMPLETED WELL: **285** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **160** 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: **28** in. to **288** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter: **16** in. to **225** 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:
 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:
 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 **225** ft. to **285** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **285** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **BUREAU OF WATER**
 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			Caliche strk
2	30		Loess	179	191	Fine to med sd & some gravel w/clay
30	66		Clay & caliche			Lens
66	76		Med sand & gravel	191	195	Fine to some med sd w/clay lens
76	84		Caliche w/clay strk	195	200	Clay & caliche w/sand strk
84	93		Cemented sand	200	217	Cemented sand, clay, & caliche
93	121		Clay & caliche w/sand strk	217	225	Fine to some med sand w/clay strk
121	129		Sandstone w/clay strk	225	238	Sandstone w/chert strks
129	143		Fine to some med sd w/clay strk	238	254	Fine sand w/sandy clay strk
143	147		Caliche	254	259	Sandy clay w/fine sand
147	153		Sandstone & clay	259	284	Fine sand (loose)
153	165		Fine to med sd w/clay strks	284	287	Yellow ochre
165	168		Clay	287	288	Black shale
168	179		Fine to some med sd w/clay &			

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) **7-6-04** 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) **7-9-04** under the business name of **Woofler Pump & Well, Inc.** 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, Topeka, Kansas 66620-0001. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.