

1 LOCATION OF WATER WELL: County: Sheridan		Fraction NW ¼ SE ¼ SW ¼	Section Number 32	Township Number T 8 S	Range Number R 26 EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Robert Nery RR#, St. Address, Box # : 613 Main City, State, ZIP Code : Hoxie, Ks 67740 Board of Agriculture, Division of Water Resources Application Number: 20050191					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 170 ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL na 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 174 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)			
		z, 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 X No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter 4.5 in. to 130 ft., Dia		_____ in. to _____ ft., Dia		CASING JOINTS: Glued X Clamped _____	
Casing height above land surface 18 in., weight 2.38 lbs./ft.		_____ in. to _____ ft., Dia		Welded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		9 ABS	
				11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		3 Mill slot		9 Drilled holes	
2 Louvered shutter		4 Key punched		7 Torch cut	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From 130 ft. to 170 ft.		_____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		_____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 20 ft. to 170 ft.		_____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		_____ 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below)	
				none	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	129	147
2	20		Loess	147	160
20	32		Fine to med sand	160	164
32	34		Caliche	164	170
34	51		Fine sand w/caliche lens	170	174
51	67		Clay & caliche		
67	92		Fine to some med sd w/caliche Strks		
92	105		Clay & caliche		
105	111		Fine to some med sd w/caliche Lens		
111	120		Fine to some med sd w/clay & Caliche strks		
120	129		Clay & caliche w/a few sand strk		
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) 6-28-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 564 This Water Well Record was completed on (mo/day/yr) 7-1-05 under the business name of Woofter Pump & Well Inc. by (signature) <i>Ray Le Woofter</i>					
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.					

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