

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County <b>Sheridan</b>	<b>NE</b> 1/4 <b>SW</b> 1/4 <b>NW</b> 1/4	<b>27</b>	<b>T 8 S</b>	<b>R 29 EW</b>

Distance and direction from nearest town or city? **5W 1S Hoxie, Ks** Street address of well if located within city?

WATER WELL OWNER: **Karl Berndt**  
 RR#, St. Address, Box # :  
 City, State, ZIP Code : **Hoxie, Kansas**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

DEPTH OF COMPLETED WELL... **147** ft. Bore Hole Diameter... **9** in. to **147** ft. and ... in. to ... ft.  
 Well Water to be used as:  
 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 Observation well **stock**  
 Well's static water level... **48** ft. below land surface measured on ... **2** month ... **7** day ... **78** year  
 Pump Test Data : Well water was ... ft. after ... hours pumping ... gpm  
 Est. Yield gpm: Well water was ... ft. after ... hours pumping ... gpm

TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  
 2 PVC 4 ABS 7 Fiberglass Threaded  
 Blank casing dia ... **5** in. to ... **1.37** ft., Dia ... in. to ... ft., Dia ... in. to ... ft.  
 Casing height above land surface... **12** in., weight ... lbs./ft. Wall thickness or gauge No... **188**

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-Perforation Dia... **5** in. to ... ft., Dia ... in. to ... ft., Dia ... in. to ... ft.  
 Screen-Perforated Intervals: From... **137** ft. to ... **147** ft., From ... ft. to ... ft., From ... ft. to ... ft.  
 Gravel Pack Intervals: From... **20** ft. to ... **147** ft., From ... ft. to ... ft., From ... ft. to ... ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grouted 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 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) **none**  
 Direction from well ... How many feet ... ? Water Well Disinfected? Yes  No   
 Was a chemical/bacteriological sample submitted to Department? Yes No  If yes, date sample was submitted ... month ... day ... year: Pump Installed? Yes No  
 If Yes: Pump Manufacturer's name ... Model No. ... HP ... Volts ...  
 Depth of Pump Intake ... ft. Pumps Capacity rated at ... gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on ... **2** month ... **7** day ... **78** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... **214**  
 This Water Well Record was completed on ... **9** month ... **24** day ... **80** year under the business name of **BLUE JAY DRILLING CO. INC.** by (signature) *Marilyn Hall*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
	0	45	45	65	top soil							
	45	65	65	85	fine sand							
	65	85	85	125	fine sand med gravel							
	85	125	125	135	med. gravel							
	125	135	135	147	fine sand med. gravel							
	135	147	147	149	med. gravel							
	147	149	149		ochre shale							

ELEVATION: **upland**  
 Depth(s) Groundwater Encountered 1. **48** ft. 2. ... ft. 3. ... ft. 4. ... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.