

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Sheridan	NE 1/4 SE 1/4 NE 1/4	28	T 8 S	R 29 E

Distance and direction from nearest town or city? **6W 1 1/2 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: **90** ft. Bore Hole Diameter: **9** in. to **90** 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) **stock**
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: **31** 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)
 2 PVC 4 ABS 7 Fiberglass
 Casing Joints: Glued Clamped
 Welded
 Threaded
 Blank casing dia: **5** in. to **80** 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) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)
 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 **80** ft. to **90** ft., From ft. to ft., From ft. to ft.
 Gravel Pack Intervals: From **20** ft. to **90** 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 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines **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 **25** 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	30	30	40	top soil							
	40	65	65	90	fine sand med. gravel							
	65	90	90	92	med gravel							
	90	92			ochre shale							

ELEVATION: **valley**

Depth(s) Groundwater Encountered 1. **31** 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.