

1 LOCATION OF WATER WELL:	Fraction SW ¼ SE ¼ NW ¼	Section Number 5	Township Number T 8 S	Range Number R 30 E
County: Sheridan				

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

2 WATER WELL OWNER: **Anna & Joel Reese**
 RR#, St. Address, Box # : **% Ray Bange, RR1, Box 41**
 City, State, ZIP Code : **Menlo, Ks 67753**
 Board of Agriculture, Division of Water Resources
 Application Number: **16,631**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 273 ft. ELEVATION: _____
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Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **180** 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 **273** 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:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **16** in. to **213** 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	<input checked="" type="checkbox"/> 7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 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 **213** ft. to **273** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **273** 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)
			13 Insecticide storage	none

Direction from well?			How many feet?		
FROM	TO	CODE	FROM	TO	PLUGGING INTERVALS
0	3		138	155	Sandy clay & caliche
3	20		155	158	Med sand w/clay
20	40		158	161	Hard caliche
40	47		161	167	Med sd, loose
47	55		167	170	Sandy clay & caliche
55	62		170	175	Med sd w/sandstone strks
62	69		175	180	Med sd w/sandstone & clay layers
69	80		180	186	Sandy clay, caliche, sdstone & some Sand
80	82				
82	90		186	192	Med sand w/clay & sandstone
90	105		192	195	Clay & caliche
105	115		195	211	Fairly hard caliche w/clay & some sd
115	122		211	220	Med sand; clean & loose
122	138				See page 2 of 2

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) **5-18-05** 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) **5-27-05** under the business name of **Woofter Pump & Well Inc.** by (signature) *Woofter*

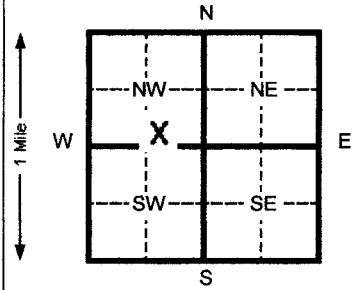
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.

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Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____

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			13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
220	235		Sticky sand, clay w/some sand			
235	240		Sandy clay w/med sand			
240	267		Med. Sand & gravel			
267	273		Ochre & shale			

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