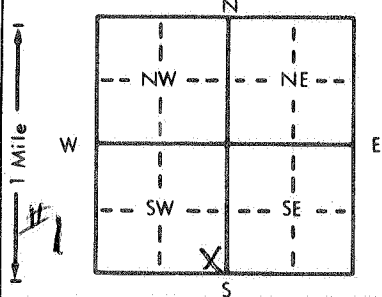


1 LOCATION OF WATER WELL: County: Sheridan Fraction: SE 1/4 SE 1/4 SW 1/4 Section Number: 22 Township Number: T 8 S Range Number: R 30 E

Distance and direction from nearest town or city street address of well if located within city?
X 3.5 mile West of Sezuin KS.

2 WATER WELL OWNER: X ALFRED J. PIETCHECK
 RR#, St. Address, Box #: X RR #2 Box 81
 City, State, ZIP Code: X HOXIE, Kans 67740
 Board of Agriculture, Division of Water Resource
 Application Number:

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



4 DEPTH OF COMPLETED WELL X UNK ft. ELEVATION:

Depth(s) Groundwater Encountered: 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL X Dry 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 _____ in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: X 5 Public water supply 8 Air conditioning 11 Injection well
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 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: X 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass Threaded _____

Blank casing diameter X _____ in. to X UNK ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface X _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: X 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From X 5 ft. to X 30 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: X none
 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? FROM _____ TO _____ How many feet? Old well had removed

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		<u>Old domestic well approx. 25 feet not filled</u>			
		<u>filled w/ clay + sand 5 ft. X cement cap</u>			
		<u>plugged + cement plug approx 3 ft below ground level covered level w/ ground w/ clay</u>			
					<u>old casing badly rusted + collapsed at top (what was visible) Previous owner does not get any history of well</u>

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/year) X 20 Aug 98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) X 11 Sept 99 under the business name of _____ by (signature) X Alfred Pietcheck