

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sherman		W 1/2 SW 1/4 SE 1/4	22	T 8 S	R 38 EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Jeff Soper					
RR#, St. Address, Box # : 6203 Zulmida Ave			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Newark, California 94560			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 275 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 280 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 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	
				8 Concrete tile	
				9 Other (specify below) _____	
Blank casing diameter 4.5 in. to 235 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing joints: Glued X Clamped _____			
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248		Welded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		Threaded _____			
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 Torch cut	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped			
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		11 None (open hole)			
From 235 ft. to 275 ft.		ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		ft. From _____ ft. to _____ ft.			
From 20 ft. to 275 ft.		ft. From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		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.		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	154	168
2	21		Loess	168	172
21	35		Clay	172	179
35	66		Clay & caliche	179	185
66	91		Fine to med sand & gravel	185	191
91	93		Caliche	191	206
93	106		Fine to med sd & gravel w/clay	206	215
			Strks	215	223
106	115		Clay & caliche w/gravel strks	223	228
115	128		Fine to med sd & some gravel	228	229
			w/clay strks	229	233
128	134		Cemented sand	233	241
134	145		Sandy clay & caliche		
145	154		Fine to med sand		
				PLUGGING INTERVALS	
				Fine to med sd w/caliche strks	
				Caliche w/clay strk	
				Sandy clay & caliche	
				Sandstone	
				Sandy clay & caliche	
				Fine to med sd w/clay & caliche strks	
				Clay & caliche	
				Fine sd w/clay & caliche	
				caliche	
				Sand	
				Sandy clay	
				Fine to some med sd w/sandy clay	
				Strks	
				Cont. on Pg 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) 4-26-05 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) 6-24-05		
under the business name of Woofter Pump & Well Inc.			by (signature) <i>[Signature]</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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