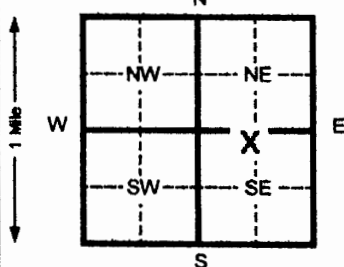


1 LOCATION OF WATER WELL: Fraction **NE ¼ NW ¼ SE** Section Number **26** Township Number **T 9 S** Range Number **R 26 E/W**
 County: **SHERIDAN**

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

2 WATER WELL OWNER: **Mrs. V. Transue**
 RR#, St. Address, Box #: **Rt 1, Box 48** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Studley, KS 67740** Application Number: **20050283**

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


4 DEPTH OF COMPLETED WELL **130** 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 **136** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: Public water supply Air conditioning Injection well
 Domestic Feed lot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Lawn and garden (domestic) 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:
 Steel RMP (SR) Wrought Iron Concrete tile CASING JOINTS: Glued Clamped
 PVC ABS Asbestos-Cement Other (specify below) Welded _____
 Fiberglass _____ Threaded _____
 Blank casing diameter **4.5** in. to **90** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**
 TYPE OF SCREEN OR PERFORATION MATERIAL: PVC Asbestos-cement
 Steel Stainless steel RMP (SR) Other (specify) _____
 Brass Galvanized steel Concrete tile ABS None used (open hole) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauzed wrapped Saw cut None (open hole)
 Louvered shutter Key punched Wire wrapped Drilled holes _____
 _____ Torch cut Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **90** ft. to **130** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **130** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite 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:
 Septic tank Lateral lines Pit privy Livestock pens Abandoned water well
 Sewer lines Cess pool Sewage lagoon Fuel storage Oil well/ Gas well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Other (specify below) **none**
 Insecticide storage _____
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	120	125	clay
2	13		Loess	125	136	Yellow ochre
13	33		Fine to med sand	136		Black shale
33	38		Sandy clay			
38	52		Sandstone & sandy clay			
52	60		Fine to some med sand w/ Sandy clay & caliche			
60	68		Clay			
68	87		Clay with sand strk			
87	110		Fine to some med sand w/clay Strk (semitight)			
110	117		Fine to some med sand w/ Caliche strk (semitight)			
117	120		Caliche & cemented sand			

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) **9/13/05** 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) **9/15/05**
 under the business name of **Woofter Pump & Well** by (signature) _____

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.

OFFICE USE ONLY

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