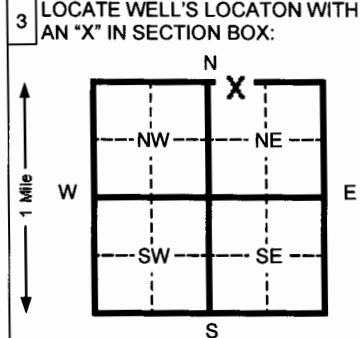


1 LOCATION OF WATER WELL: Fraction **C 1/4 NW 1/4 NE 1/4** Section Number **25** Township Number **T 9 S** Range Number **R 26 EW**
 County: **Sheridan**
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Lawrence Simon**
 RR#, St. Address, Box # : **1999 130th Avenue** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Morland, Ks 67650** Application Number: **46844**



4 DEPTH OF COMPLETED WELL **197** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **132** 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 **210** 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)
 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter **16** in. to **157** 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: Steel Stainless steel Fiberglass RMP (SR) Asbestos-cement
 Brass Galvanized steel Concrete tile ABS Other (specify) _____
 PVC 10 Other (specify) _____
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 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 **157** ft. to **197** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **197** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ 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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	123	136	Fine to med sd w/clay strks & caliche
2	21		Loess			Lenses
21	27		Fine to med sand	136	141	Clay & caliche
27	33		Fine sand w/clay & caliche strks	141	153	Clay & caliche w/sand strks
33	42		Clay & caliche w/sand strks	153	158	Fine to some med sd w/clay & caliche
42	62		Fine sd w/clay & caliche lenses			Strks
62	75		Fine to some med sd w/clay	158	165	Clay & caliche w/fine sd strks
			Lenses	165	185	Fine to med sd w/clay lenses
75	103		Fine to some med sd w/clay &			(semi-loose)
			Caliche strks	185	197	Med sand (loose)
103	105		Caliche	197	199	Flint
105	113		Fine to med sd w/caliche strks	199	210	Yellow ochre/blackshale
			& clay lenses			
113	123		Clay w/caliche strks			

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) **8-26-08** 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) **9-25-08**
 under the business name of **Woofter Pump & Well Inc.** by (signature) *Gay C. 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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

SEC