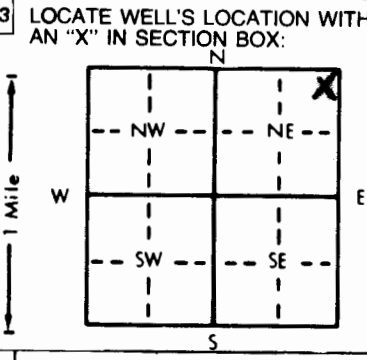


1 LOCATION OF WATER WELL: County: Sheridan Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 27 Township Number: T 9 S Range Number: R 28 **W**

Distance and direction from nearest town or city street address of well if located within city?
 7 Miles South, 1 1/2 mile East, South into From Hoxie

2 WATER WELL OWNER: Richard Leiker Abercrombie Drilling
 RR#, St. Address, Box #: 841 14th St. 801 Union
 City, State, ZIP Code: Hoxie, Ks. 67740 Wichita, Ks. 67202 Board of Agriculture, Division of Water Resources
 Application Number: 940165



4 DEPTH OF COMPLETED WELL: 200 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: 98 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 200 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter: 4.5 in. to 180 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:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	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 180 ft. to 200 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 200 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	

Direction from well? Northeast How many feet? 150'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	116	122	Sandy Clay w/Caliche Strks.
2	14	Loess	122	125	Fine Sand
14	22	Clay w/Caliche Streaks	125	134	Sandy Clay & Caliche
22	31	Med. Sand w/Clay Strks.	134	138	Same as Above w/sand Strks.
31	34	Caliche & Clay Strks.	138	170	Med. Sand & Gravelw/Clay Strk.
34	37	Sand & Clay	170	173	Caliche & Cemented Sand
37	39	Caliche & Clay	173	179	Fine to Med. Sand w/Caliche & Cemented Sand Strks.
39	57	Med. Sand & Gravel			
57	61	Sandy Clay & Caliche	179	179.5	Caliche & Cemented Sand
61	75	Med. Sand & Gravelw/Caliche St.			
75	87	Cemented Sand w/Loose Sand St	179.5	183	Med. Sand & Clay Strks.
87	92	Sandy Clay w/Caliche Strks.	183	198	Ochra
92	103	Med. Sand & Gravel	198	200	Black Shale
103	114	Sandy Clay w/Cemented Sand			
114	116	Med. Sand w/Clay Strks.			

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) 5-23-94 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) 5-23-94 under the business name of Woofter Pump & Well, Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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