

| 1 LOCATION OF WATER WELL:<br>County: <b>SEDGWICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | Fraction: <b>NE 1/4 SW NE 1/4 SE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Section Number: <b>19</b>                                                | Township Number: <b>T 26 S</b> | Range Number: <b>R 1 EW</b> |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------|-----------------------------|------|----|----------------|------|----|----------------|---|---|----------|--|--|--|---|----|------|--|--|--|----|----|------|--|--|--|----|----|------|--|--|--|----|----|--------|--|--|--|
| Distance and direction from nearest town or city street address of well if located within city?<br><b>48216 BASCOM - WACHATA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box # : <b>CHET CEMERED<br/>4761 ALEXANDER</b><br>City, State, ZIP Code : <b>WACHATA, KS.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Board of Agriculture, Division of Water Resources<br>Application Number: |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | 4 DEPTH OF COMPLETED WELL: <b>45</b> ft. ELEVATION: <b>10-29-87</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Depth(s) Groundwater Encountered 1. <b>15</b> ft. 2. _____ ft. 3. _____ ft.<br>WELL'S STATIC WATER LEVEL <b>15</b> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was <b>15</b> ft. after <b>20</b> hours pumping <b>75</b> gpm<br>Est. Yield <b>75</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <b>11</b> in. to <b>45</b> ft., and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS:<br>1 Domestic (circled) 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes <b>X</b> No _____ |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | 1 Steel 3 RMP (SR) (circled) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped _____<br>2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>7 Fiberglass Threaded _____<br>Blank casing diameter <b>5</b> in. to <b>45</b> ft., Dia. <b>1.59</b> in. to _____ ft., Dia. _____ in. to _____ ft.<br>Casing height above land surface <b>12</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>SPR-216</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 7 PVC (circled) 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) (circled) 11 Other (specify) _____<br>9 ABS 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot (circled) 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes<br>7 Torch cut 10 Other (specify) _____<br>SCREEN-PERFORATED INTERVALS: From <b>35</b> ft. to <b>45</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>15</b> ft. to <b>45</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.                       |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (circled) 3 Bentonite 4 Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| Grout Intervals: From <b>3</b> ft. to <b>15</b> 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<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br>13 Insecticide storage<br>Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>16</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16</td> <td>31</td> <td>sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>31</td> <td>32</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>32</td> <td>45</td> <td>gravel</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                |                             | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG | 0 | 2 | Top soil |  |  |  | 2 | 16 | clay |  |  |  | 16 | 31 | sand |  |  |  | 31 | 32 | clay |  |  |  | 32 | 45 | gravel |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FROM                                                                     | TO                             | LITHOLOGIC LOG              |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2  | Top soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 16 | clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 31 | sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 32 | clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 45 | gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 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) <b>Oct 29, 1987</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>318</b> This Water Well Record was completed on (mo/day/yr) <b>Oct 29, 1987</b> under the business name of <b>WENDNER DRILLING</b> by (signature) <i>Jerome Wendner</i>                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                |                             |      |    |                |      |    |                |   |   |          |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4