

| <b>1 LOCATION OF WATER WELL:</b><br><b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    | FRACTION<br>SE 1/4 NE 1/4 SW 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SECTION NUMBER<br><b>12</b> | TOWNSHIP NUMBER<br>T 29 S | RANGE NUMBER<br>R 1E E/W |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><b>402 N. River St.</b> <b>Derby, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                           |                          |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b><br>RR#,ST. ADDRESS,BOX #<br>CITY, STATE:<br><b>INDUSTRIAL PARK BLDG.<br/>402 N. River St.<br/>Derby, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Board of Agriculture, Division of Water Resource<br>ZIP CODE: Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                           |                          |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align:center;"><br/>N<br/>NW NE<br/>SW SE<br/>S</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | <b>4 DEPTH OF COMPLETED WELL:</b> <b>70</b> ft. <b>ELEVATION:</b><br>Depth of groundwater Encountered: _____ ft. _____ ft.<br><b>WELL'S STATIC WATER LEVEL</b> <b>40</b> FT. BELOW LAND SURFACE MEASURED ON mo/day/yr. <b>10/4/04</b><br>Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Est. Yield: gpm         Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Bore Hole Diameter <b>12</b> in.                                  to <b>70</b> ft.                                  and _____ in.                                  to _____ ft.<br><b>WELL WATER TO BE USED AS:</b><br>1. Domestic    3. Feedlot    5. Public water supply <u>7. Lawn and garden only</u> 9. Dewatering    11. Injection well<br>2. Irrigation    4. Industrial    6. Oil field water supply    8. Air conditioning    10. Monitoring well    12. Other (Specify below)<br>Was a chemical/bacteriological sample submitted to Department? YES NO ; If yes, what mo/day/yr was sample submitted Was Water Well Disinfected? YES NO |                             |                           |                          |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b><br>1. Steel    3. RPM (SR)    5. Wrought Iron    7. Fiberglass    9. Other (Specify below)    CASING JOINTS: Glued Threaded<br>2. PVC    4. ABS    6. Asbestos-Cement    8. Concrete tile    SDR-26 Welded Clamped<br>Blank casing diameter <b>5</b> in.                                  to <b>30</b> ft., Dia. in.                                  to _____ ft., Dia. in.                                  to _____ ft.<br>Casing height above land surface: <b>16</b> in., Weight: <b>2.35</b> lbs./ft. Wall thickness or gauge No. <b>.214</b><br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1. Steel    3. Stainless Steel    5. Fiberglass <u>7. PVC</u> 9. ABS    11. Other (specify)<br>2. Brass    4. Galvanized    6. Concrete Tile    8. RMP (SR)    10. Asbestos-Cement    12. None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1. Continuous slot    3. Mill slot    5. Gauzed wrapped    7. Torch cut    9. Drilled holes    11. None ( open hole)<br>2. Louvered shutter    4. Key punched    6. Wire wrapped <u>8. Saw cut</u> 10. Other (specify)<br><b>SCREEN - PERFORATION INTERVAL</b> From <b>30</b> ft. to <b>70</b> ft., From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <b>24</b> ft. to <b>70</b> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                           |                          |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIALS:</b> 1. Neat cement    2. Cement Grout    3. Bentonite    Other bentonite hole plug<br>Grout Intervals: From <b>4</b> ft. to <b>24</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1. Septic tank    4. Lateral lines    7. Pit privy    10. Livestock pens    13. Insecticide storage    15. Oil well/Gas well<br>2. Sewer lines    5. Cess Pool    8. Sewage lagoon    11. Fuel storage    14. Abandon water well    16. Other (specify below)<br>3. Watertight sewer line    6. Seepage pit    9. Feed yard    12. Fertilizer storage    None Apparent<br>Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                           |                          |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%;"> <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>4</td> <td>topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>20</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>30</td> <td>sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>70</td> <td>shale</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                           |                          | From | To | LITHOLOGIC LOG | From | To | LITHOLOGIC LOG | 0 | 4 | topsoil |  |  |  | 4 | 20 | clay |  |  |  | 20 | 30 | sand |  |  |  | 30 | 70 | shale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 Contractor's or Landowner's Certification:</b> This water well was 1. constructed 2. reconstructed or 3. plugged under my jurisdiction and was completed on (mo/day/year) <b>10/04/2004</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>236</b> This water well record was completed on (mo/day/year) <b>10/6/2004</b><br>under the business name of <b>Harp Well &amp; Pump Service Inc.</b> by (signature) <i>J o d d S. Har p</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                           |                          |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |