

1) LOCATION OF WATER WELL: County: <u>Sedgewick</u>		Fraction: <u>SW 1/4 SW 1/4 NE 1/4</u>	Section Number: <u>12</u>	Township Number: <u>T 29 S</u>	Range Number: <u>R 1 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>230 S. BALTIMORE, Derby KS</u>					
2) WATER WELL OWNER: <u>CANDCO</u> RR#, St. Address, Box #: <u>230 S. BALTIMORE</u> City, State, ZIP Code: <u>Derby KS</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION: <u>1282.02</u>			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>36.37</u> ft. below land surface measured on mo/day/yr <u>9/23/97</u>			
		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 _____ in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below) <u>Mud 5</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u>			
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued _____ Clamped _____	
<u>2 PVC</u>		4 ABS		Welded _____	
Blank casing diameter <u>2</u> in. to <u>50</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		<u>Threaded</u>	
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____		5 Wrought iron			
		6 Asbestos-Cement		9 Other (specify below)	
		8 Concrete tile			
		9 Other (specify below)			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		7 PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
		6 Concrete tile		9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>50</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>50</u> ft. to <u>28</u> 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 <u>concrete</u>					
Grout Intervals: From <u>26</u> ft. to <u>3</u> ft., From <u>28</u> ft. to <u>26</u> ft., From <u>3</u> ft. to <u>0</u> ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well?					
How many feet?					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0 23 SILTY CLAY Red Brown					
23 30 SILTY CLAY Brown moist					
30 42 SILTY CLAY - Red Brown 03					
42 50 SILTY CLAY SAND fine-medium grain 07					
RECEIVED					
DEC 12 1997					
BUREAU OF WATER					
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) <u>7/17/97</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>604</u> This Water Well Record was completed on (mo/day/yr) <u>10/27/97</u>					
under the business name of <u>MAXIM Technologies</u> by (signature) <u>[Signature]</u>					
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.					