

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|--------------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | Fraction                                                                                                                                                                                                                                   | Section Number | Township Number                                   | Range Number             |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | <u>NW 1/4 NE 1/4 NW 1/4</u>                                                                                                                                                                                                                | <u>6</u>       | T <u>29</u> <u>S</u>                              | R <u>10</u> <u>EW</u>    |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>151 SUNSET HAYSVILLE</u>                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| 2 WATER WELL OWNER: <u>KELLY HANKINS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| RR#, St. Address, Box #: <u>151 SUNSET</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                            |                | Board of Agriculture, Division of Water Resources |                          |
| City, State, ZIP Code: <u>HAYSVILLE KS 67060</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                            |                | Application Number:                               |                          |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                     |    | 4 DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION:                                                                                                                                                                                        |                |                                                   |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.                                                                                                                                                                       |                |                                                   |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | WELL'S STATIC WATER LEVEL <u>32</u> ft. below land surface measured on mo/day/yr <u>3/20/94</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 <u>WAS</u> 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well<br>2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 9 Dewatering 12 Other (Specify below)<br>6 Oil field water supply 10 Monitoring well |                |                                                   |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>X</u> ; If yes, mo/day/yr sample was submitted                                                                                                                |                |                                                   |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Water Well Disinfected? Yes <u>X</u> No                                                                                                                                                                                                    |                |                                                   |                          |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....<br><u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....<br>7 Fiberglass Threaded .....                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| Blank casing diameter <u>5</u> in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| Casing height above land surface <u>3' below</u> in., weight .... lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) .....<br>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)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes<br>7 Torch cut 10 Other (specify) .....                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| SCREEN-PERFORATED INTERVALS: From .... ft. to .... ft., From .... ft. to .... ft.                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| GRAVEL PACK INTERVALS: From .... ft. to .... ft., From .... ft. to .... ft.                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| 6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other .....                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| Grout Intervals: From .... ft. to .... 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                                                                                                                                                                      |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TO | LITHOLOGIC LOG                                                                                                                                                                                                                             | FROM           | TO                                                | PLUGGING INTERVALS       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                            | <u>50</u>      | <u>6</u>                                          | <u>SAND &amp; GRAVEL</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                            | <u>6</u>       | <u>3</u>                                          | <u>NEAT CEMENT</u>       |
| <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">APR 04 1994</div> <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">BUREAU OF WATER</div>                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| 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) <u>3/25/94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) <u>3/30/94</u> under the business name of <u>Kelly D. Hankins</u> by (signature) <u>Kelly D. Hankins</u> |    |                                                                                                                                                                                                                                            |                |                                                   |                          |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answer. 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.                                                                                                           |    |                                                                                                                                                                                                                                            |                |                                                   |                          |

OFFICE USE ONLY

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