

|                                                                                                                                                                                                                                                                                                          |  |                                     |  |                |  |                 |  |                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|----------------|--|-----------------|--|----------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                |  | Fraction                            |  | Section Number |  | Township Number |  | Range Number   |  |
| County: <b>SEDGWICK</b>                                                                                                                                                                                                                                                                                  |  | <b>SW</b> ¼ <b>NW</b> ¼ <b>NW</b> ¼ |  | <b>18</b>      |  | T <b>29S</b> S  |  | R <b>2E</b> EW |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                          |  |                                     |  |                |  |                 |  |                |  |
| <b>118 SOUTHCREST; DERBY</b>                                                                                                                                                                                                                                                                             |  |                                     |  |                |  |                 |  |                |  |
| 2 WATER WELL OWNER: <b>LEON JOHNSTON</b>                                                                                                                                                                                                                                                                 |  |                                     |  |                |  |                 |  |                |  |
| RR#, St. Address, Box #: <b>118 SOUTHCREST</b>                                                                                                                                                                                                                                                           |  |                                     |  |                |  |                 |  |                |  |
| City, State, ZIP Code: <b>DERBY, KS 67037</b>                                                                                                                                                                                                                                                            |  |                                     |  |                |  |                 |  |                |  |
| 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 <b>100</b> ft. ELEVATION:                                                                                                                                                                                                                                                      |  |                                     |  |                |  |                 |  |                |  |
| Depth(s) Groundwater Encountered 1 <b>35</b> ft. 2 _____ ft. 3 _____ ft.                                                                                                                                                                                                                                 |  |                                     |  |                |  |                 |  |                |  |
| WELL'S STATIC WATER LEVEL <b>35</b> ft. below land surface measured on mo/day/yr <b>7/18/04</b>                                                                                                                                                                                                          |  |                                     |  |                |  |                 |  |                |  |
| 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 <b>10</b> in. to <b>100</b> ft. and _____ in. to _____ ft.                                                                                                                                                                                                                            |  |                                     |  |                |  |                 |  |                |  |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                                                                                                                                                                                                     |  |                                     |  |                |  |                 |  |                |  |
| 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                     |  |                                     |  |                |  |                 |  |                |  |
| 2 Irrigation 4 Industrial 7 <u>Lawn and garden (domestic)</u> 10 Monitoring well                                                                                                                                                                                                                         |  |                                     |  |                |  |                 |  |                |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____                                                                                                                                                                        |  |                                     |  |                |  |                 |  |                |  |
| Water Well Disinfected? Yes <b>X</b> No _____                                                                                                                                                                                                                                                            |  |                                     |  |                |  |                 |  |                |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                             |  |                                     |  |                |  |                 |  |                |  |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped                                                                                                                                                                                                                  |  |                                     |  |                |  |                 |  |                |  |
| 2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                |  |                                     |  |                |  |                 |  |                |  |
| 7 Fiberglass Threaded _____                                                                                                                                                                                                                                                                              |  |                                     |  |                |  |                 |  |                |  |
| Blank casing diameter <b>5</b> in. to <b>100</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                             |  |                                     |  |                |  |                 |  |                |  |
| Casing height above land surface <b>16</b> in., weight <b>160</b> lbs./ft. Wall thickness or gauge No. <b>26</b>                                                                                                                                                                                         |  |                                     |  |                |  |                 |  |                |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                  |  |                                     |  |                |  |                 |  |                |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 7 <b>PVC</b> 10 Asbestos-cement                                                                                                                                                                                                                                   |  |                                     |  |                |  |                 |  |                |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 <b>RMP (SR)</b> 11 Other (specify) _____                                                                                                                                                                                                                    |  |                                     |  |                |  |                 |  |                |  |
| 12 None used (open hole)                                                                                                                                                                                                                                                                                 |  |                                     |  |                |  |                 |  |                |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                      |  |                                     |  |                |  |                 |  |                |  |
| 1 Continuous slot 3 <b>Mill slot</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                                                                                                                                                      |  |                                     |  |                |  |                 |  |                |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                          |  |                                     |  |                |  |                 |  |                |  |
| 7 Torch cut 10 Other (specify) _____                                                                                                                                                                                                                                                                     |  |                                     |  |                |  |                 |  |                |  |
| SCREEN-PERFORATED INTERVALS: From <b>50</b> ft. to <b>100</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                            |  |                                     |  |                |  |                 |  |                |  |
| GRAVEL PACK INTERVALS: From <b>25</b> ft. to <b>100</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                  |  |                                     |  |                |  |                 |  |                |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other _____                                                                                                                                                                                                                          |  |                                     |  |                |  |                 |  |                |  |
| Grout Intervals From <b>4</b> ft. to <b>25</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                           |  |                                     |  |                |  |                 |  |                |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                    |  |                                     |  |                |  |                 |  |                |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well                                                                                                                                                                                                                      |  |                                     |  |                |  |                 |  |                |  |
| 2 <b>Sewer lines</b> 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well                                                                                                                                                                                                                   |  |                                     |  |                |  |                 |  |                |  |
| 3 <b>Watertight sewer lines</b> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____                                                                                                                                                                                            |  |                                     |  |                |  |                 |  |                |  |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                   |  |                                     |  |                |  |                 |  |                |  |
| Direction from well? <b>WEST</b> How many feet? <b>15</b>                                                                                                                                                                                                                                                |  |                                     |  |                |  |                 |  |                |  |
| FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                   |  |                                     |  |                |  |                 |  |                |  |
| <b>0 2 TOPSOIL</b>                                                                                                                                                                                                                                                                                       |  |                                     |  |                |  |                 |  |                |  |
| <b>2 27 CLAY</b>                                                                                                                                                                                                                                                                                         |  |                                     |  |                |  |                 |  |                |  |
| <b>27 32 FINE SAND</b>                                                                                                                                                                                                                                                                                   |  |                                     |  |                |  |                 |  |                |  |
| <b>32 47 SHALE</b>                                                                                                                                                                                                                                                                                       |  |                                     |  |                |  |                 |  |                |  |
| <b>47 80 LIMESTONE</b>                                                                                                                                                                                                                                                                                   |  |                                     |  |                |  |                 |  |                |  |
| <b>80 100 SHALE</b>                                                                                                                                                                                                                                                                                      |  |                                     |  |                |  |                 |  |                |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed, (2) reconstructed, or (3) plugged</b> under my jurisdiction and was completed on (mo/day/yr) <b>7/18/04</b> and this record is true to the best of my knowledge and belief. Kansas                                  |  |                                     |  |                |  |                 |  |                |  |
| Water Well Contractor's License No. <b>611</b> This Water Well Record was completed on (mo/day/yr) <b>8/9/04</b>                                                                                                                                                                                         |  |                                     |  |                |  |                 |  |                |  |
| under the business name of <b>CHASE DRILLING</b> by (signature) <b>R. Chase</b>                                                                                                                                                                                                                          |  |                                     |  |                |  |                 |  |                |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |  |                                     |  |                |  |                 |  |                |  |