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| 1 LOCATION OF WATER WELL:<br>County: SEDGWICK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | WATER WELL RECORD<br>Fraction NW ¼ NE ¼ SW ¼ SE ¼ |    | TOWNSHIP NUMBER<br>Section Number 7 |    | TOWNSHIP NUMBER<br>Township Number T 29 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | RANGE NUMBER<br>Range Number R 2 E E/W |  |                    |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><div style="text-align: center;">1118 Partridge Derby, Kansas</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                   |    |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box # :<br>City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | Linda Griffin<br>1118 Partridge<br>Derby, Kansas  |    |                                     |    | Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        |  |                    |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;"><div style="margin-bottom: 5px;">N</div><table border="1" style="width: 100px; height: 100px; margin: auto; text-align: center; font-size: small;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table><div style="margin-top: 5px;">S</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | NW                                                | NE | SW                                  | SE | 4 DEPTH OF COMPLETED WELL... 65 ft. ELEVATION:<br>Depth(s) Groundwater Encountered 1... 17 ft. 2... ft. 3... ft.<br>WELL'S STATIC WATER LEVEL ... 17 ft. below land surface measured on mo/day/yr ... 3-16-88.<br>Pump test data: Well water was ... ft. after ... hours pumping ... gpm<br>Est. Yield ... gpm: Well water was ... ft. after ... hours pumping ... gpm<br>Bore Hole Diameter... 11 in. to ... ft., and ... in. to ... ft.<br>WELL WATER TO BE USED AS:<br>1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)<br>2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes... No... XX; If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes XX No |  |                                        |  |                    |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NE |                                                   |    |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SE |                                                   |    |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel                  3 RMP (SR)<br>2 PVC                  4 ABS<br>Blank casing diameter ... .5 in. to ... 25 ft., Dia. ... in. to ... ft., Dia. ... in. to ... ft.<br>Casing height above land surface ... 12 in., weight ... 1.59 lbs./ft. Wall thickness or gauge No. ... .203<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel                  3 Stainless steel                  5 Fiberglass                  7 PVC                  10 Asbestos-cement<br>2 Brass                 4 Galvanized steel                6 Concrete tile                8 RMP (SR)                11 Other (specify)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>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>3 Torch cut                          10 Other (specify)<br>SCREEN-PERFORATED INTERVALS: From ... 25 ft. to ... 65 ft., From ... ft. to ... ft.<br>GRAVEL PACK INTERVALS: From ... 24 ft. to ... 65 ft., From ... ft. to ... ft. |    |                                                   |    |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| 6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other<br>Grout Intervals: From ... 4 ft. to ... 24 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                  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>Direction from well?                                                  13 Insecticide storage            None apparnet<br>How many feet?                                                                                                                                                                                                                                                                                                                                                                |    |                                                   |    |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | TO                                                |    | LITHOLOGIC LOG                      |    | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TO                                     |  | PLUGGING INTERVALS |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | 3                                                 |    | Topsoil                             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | 22                                                |    | Clay                                |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | 25                                                |    | Fine Sand                           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | 65                                                |    | Gray Shale                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| 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) ... 3-16-88 and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's License No. ... 236 This Water Well Record was completed on (mo/day/year) ... 6-1-88<br>under the business name of Harp Well & Pump Service, Inc. by (signature) Mary Arnold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                   |    |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |
| 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: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                   |    |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |  |                    |  |  |  |