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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------|----------------|-----------------|--|----------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                            |    | Fraction                                                                                                                                                                                                                                             |      | Section Number |                | Township Number |  | Range Number   |  |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                              |    | <u>SE 1/4 NE 1/4 SE 1/4</u>                                                                                                                                                                                                                          |      | <u>4</u>       |                | T <u>29</u> S   |  | R <u>2</u> E/W |  |
| Distance and direction from nearest town or city street address of well if located within city? <u>2 1/2 E 1/4 N of Derby</u>                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| 2 WATER WELL OWNER: <u>Elwood Jones</u>                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| RR#, St. Address, Box # : <u>PO Box 557</u>                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| City, State, ZIP Code : <u>Derby KS 67037</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>84</u> ft. ELEVATION: <u>Slope</u>                                                                                                                                                                                      |      |                |                |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                      |    | Depth(s) Groundwater Encountered 1. <u>46</u> ft. 2. _____ ft. 3. _____ ft.                                                                                                                                                                          |      |                |                |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                      |    | WELL'S STATIC WATER LEVEL <u>32</u> ft. below land surface measured on mo/day/yr <u>5-21-83</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 <u>8</u> in. to <u>8 1/4</u> in. and _____ in. to _____ in.                                                                                                                                                                       |      |                |                |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                      |    | WELL WATER TO BE USED AS:                                                                                                                                                                                                                            |      |                |                |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                      |    | 5 Public water supply    8 Air conditioning    11 Injection well<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 Observation 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 <u>X</u> Clamped _____<br>② PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____<br>7 Fiberglass    Threaded _____                                                                                                                                        |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| Casing height above land surface _____ 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 <u>14</u> ft. to <u>84</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| GRAVEL PACK INTERVALS: From <u>84</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| 6 GROUT MATERIAL: 1 Neat cement    ② Cement grout    3 Bentonite    4 Other _____                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| Grout Intervals: From <u>13</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| What is the nearest source of possible contamination: <u>open field</u>                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| 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             | LITHOLOGIC LOG |                 |  |                |  |
| 0                                                                                                                                                                                                                                                                                                                                                                    | 1  | Top Soil                                                                                                                                                                                                                                             |      |                |                |                 |  |                |  |
| 1                                                                                                                                                                                                                                                                                                                                                                    | 3  | Clay Reddish brown ol                                                                                                                                                                                                                                |      |                |                |                 |  |                |  |
| 3                                                                                                                                                                                                                                                                                                                                                                    | 28 | Shale yellow                                                                                                                                                                                                                                         |      |                |                |                 |  |                |  |
| 28                                                                                                                                                                                                                                                                                                                                                                   | 84 | Shale gray 19                                                                                                                                                                                                                                        |      |                |                |                 |  |                |  |
| 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>5-21-83</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                                     |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| Water Well Contractor's License No. <u>363</u> This Water Well Record was completed on (mo/day/yr) <u>5-23-81</u>                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |
| under the business name of <u>Braddy Water Wells</u> by (signature) <u>Richard Braddy</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records. |    |                                                                                                                                                                                                                                                      |      |                |                |                 |  |                |  |