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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------------|------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Fraction<br><b>NW 1/4 SE 1/4 NE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | Section Number<br><b>7</b> | Township Number<br><b>T 29 S</b> | Range Number<br><b>R 2 E</b> |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>116 Maxine Ct. Derby, Ks.</b>                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                            |                                  |                              |
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box # :<br>City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                       |    | <b>Merrel Nichols</b><br><b>116 Maxcine Ct.</b><br><b>Derby, Ks.</b><br>Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                            |                                  |                              |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | 4 DEPTH OF COMPLETED WELL: <b>65</b> ft. ELEVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                            |                                  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | Depth(s) Groundwater Encountered 1. <b>15</b> ft. 2. <b>15</b> ft. 3. <b>15</b> ft.<br>WELL'S STATIC WATER LEVEL <b>15</b> ft. below land surface measured on mo/day/yr <b>8-1-89</b><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 <b>11</b> in. to <b>65</b> ft., and _____ in. to _____ ft.<br>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 <u>Lawn and garden only</u> 10 Monitoring well _____<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes <b>X</b> No |      |                            |                                  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                            |                                  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | 1 Steel 3 <u>RMP (SR)</u> 6 Asbestos-Cement 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped _____<br>2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____<br><b>Cer-Mac styrene SDR-26</b> Threaded _____<br>Blank casing diameter <b>5</b> in. to <b>40</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <b>12</b> in., weight <b>1.59</b> lbs./ft. Wall thickness or gauge No. <b>.203</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                            |                                  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 8 <u>RMP (SR)</u> 10 Asbestos-cement 11 Other (specify) _____<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 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 <b>40</b> ft. to <b>65</b> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>24</b> ft. to <b>65</b> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                            |                                  |                              |
| 6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                            |                                  |                              |
| Grout Intervals: From <b>4</b> ft. to <b>24</b> 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 _____<br>Direction from well? <b>North</b> How many feet? <b>25</b>                                                                                                                           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                            |                                  |                              |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FROM | TO                         | PLUGGING INTERVALS               |                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3  | topsoil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                            |                                  |                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 40 | clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                            |                                  |                              |
| 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 54 | fine sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                            |                                  |                              |
| 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 60 | grey shale (loose)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                            |                                  |                              |
| 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 65 | limestone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                            |                                  |                              |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>8-1-89</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>236</b> This Water Well Record was completed on (mo/day/yr) <b>10-16-89</b> under the business name of <b>Harp Well and Pump Service, Inc.</b> by (signature) <i>Mary Arnold</i> |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                            |                                  |                              |
| 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.                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                            |                                  |                              |

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