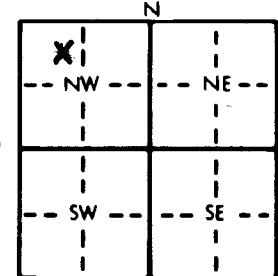


1 LOCATION OF WATER WELL: County: **MONTGOMERY** Fraction: **NW 1/4 NW 1/4 NW 1/4** Section Number: **28** Township Number: **T 33 S** Range Number: **R 16 EW**

Distance and direction from nearest town or city street address of well if located within city? **6 MI SO. 1 1/2 E 150 IE OF THE CITY OF INDEPENDENCE KS.**

2 WATER WELL OWNER: **DON WHITE** RR#, St. Address, Box #: **RR # 2** City, State, ZIP Code: **INDEPENDENCE KANSAS** 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: **103** ft. ELEVATION: Depth(s) Groundwater Encountered: **1. 24** ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL: **15** ft. below land surface measured on mo/day/yr Pump test data: Well water was ft. after hours pumping gpm Est. Yield: **5** gpm; Well water was ft. after hours pumping gpm Bore Hole Diameter: **10** in. to **20** ft., and **8** in. to **103** ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued Clamped Welded Threaded Blank casing diameter: **6** in. to **20** ft., Dia in. to ft., Dia in. to ft. Casing height above land surface: **12** in., weight lbs./ft. Wall thickness or gauge No. **40 SCH.** TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: **NONE** 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: **NONE** From ft. to ft., From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From **0** ft. to **20** 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 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage

Direction from well? How many feet? **150'**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|-----|----------------|------|----|----------------|
| 0 | 2 | TOP SOIL | | | |
| 2 | 22 | CLAY | | | |
| 22 | 34 | LIME | | | |
| 34 | 65 | SHALE | | | |
| 65 | 73 | LIME | | | |
| 73 | 100 | SHALE | | | |
| 100 | 103 | LIME | | | |

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) **7-23-87** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **464** This Water Well Record was completed on (mo/day/yr) **8-14-87** under the business name of **WATER WELL SERVICES CONSOLIDATED** (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.