

|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       |                                                 |                 |    |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|-----------------------------------------------------------------------|-------------------------------------------------|-----------------|----|----------------|
| 1 LOCATION OF WATER WELL                                                                                                                                                                                                                                                                                                                                      |  | Fraction                    | Section Number                                                        | Township Number                                 | Range Number    |    |                |
| County: <u>Ottawa</u>                                                                                                                                                                                                                                                                                                                                         |  | <u>NE 1/4 NE 1/4 SE 1/4</u> | <u>16</u>                                                             | <u>T 12 S</u>                                   | <u>R 5W E/W</u> |    |                |
| Distance and direction from nearest town or city? <u>in SE cor of Tescott Ks</u>                                                                                                                                                                                                                                                                              |  |                             | Street address of well if located within city? <u>No street names</u> |                                                 |                 |    |                |
| 2 WATER WELL OWNER: <u>Dale Berthelson</u>                                                                                                                                                                                                                                                                                                                    |  |                             |                                                                       |                                                 |                 |    |                |
| RR#, St. Address, Box #: <u>Box 216</u>                                                                                                                                                                                                                                                                                                                       |  |                             | Board of Agriculture, Division of Water Resources                     |                                                 |                 |    |                |
| City, State, ZIP Code: <u>Tescott, Kans. 67484</u>                                                                                                                                                                                                                                                                                                            |  |                             | Application Number:                                                   |                                                 |                 |    |                |
| 3 DEPTH OF COMPLETED WELL: <u>50</u> ft. Bore Hole Diameter: <u>6</u> in. to <u>50</u> ft. and _____ in. to _____ ft.                                                                                                                                                                                                                                         |  |                             |                                                                       |                                                 |                 |    |                |
| Well Water to be used as:                                                                                                                                                                                                                                                                                                                                     |  |                             |                                                                       |                                                 |                 |    |                |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                    |  | 3 Feedlot                   |                                                                       | 5 Public water supply                           |                 |    |                |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                  |  | 4 Industrial                |                                                                       | 6 Oil field water supply                        |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  | 7 Lawn and garden only      |                                                                       | 8 Air conditioning                              |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 9 Dewatering                                    |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 11 Injection well                               |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 12 Other (Specify below)                        |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 10 Observation well                             |                 |    |                |
| Well's static water level: <u>20</u> ft. below land surface measured on <u>June</u> month <u>23</u> day <u>1980</u> year                                                                                                                                                                                                                                      |  |                             |                                                                       |                                                 |                 |    |                |
| Pump Test Data: Well water was <u>ND</u> ft. after <u>1/2</u> hours pumping <u>20</u> gpm                                                                                                                                                                                                                                                                     |  |                             |                                                                       |                                                 |                 |    |                |
| Est. Yield <u>40</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                                                                                                                                                                        |  |                             |                                                                       |                                                 |                 |    |                |
| 4 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                  |  |                             |                                                                       |                                                 |                 |    |                |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                       |  | 3 RMP (SR)                  |                                                                       | 5 Wrought iron                                  |                 |    |                |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                         |  | 4 ABS                       |                                                                       | 6 Asbestos-Cement                               |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 7 Fiberglass                                    |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 8 Concrete tile                                 |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 9 Other (specify below)                         |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | Casing Joints: <u>Glued</u> _____ Clamped _____ |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | Welded _____                                    |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | Threaded _____                                  |                 |    |                |
| Blank casing dia <u>4</u> in. to <u>47</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                          |  |                             |                                                                       |                                                 |                 |    |                |
| Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No <u>200</u>                                                                                                                                                                                                                                                   |  |                             |                                                                       |                                                 |                 |    |                |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                       |  |                             |                                                                       |                                                 |                 |    |                |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                       |  | 3 Stainless steel           |                                                                       | 5 Fiberglass                                    |                 |    |                |
| 2 Brass                                                                                                                                                                                                                                                                                                                                                       |  | 4 Galvanized steel          |                                                                       | 6 Concrete tile                                 |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 7 PVC                                           |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 8 RMP (SR)                                      |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 10 Asbestos-cement                              |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 11 Other (specify)                              |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 12 None used (open hole)                        |                 |    |                |
| Screen or Perforation Openings Are:                                                                                                                                                                                                                                                                                                                           |  |                             |                                                                       |                                                 |                 |    |                |
| 1 Continuous slot                                                                                                                                                                                                                                                                                                                                             |  | 3 Mill slot                 |                                                                       | 5 Gauzed wrapped                                |                 |    |                |
| 2 Louvered shutter                                                                                                                                                                                                                                                                                                                                            |  | 4 Key punched               |                                                                       | 6 Wire wrapped                                  |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 7 Torch cut                                     |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 8 Saw cut                                       |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 11 None (open hole)                             |                 |    |                |
| Screen-Perforation Dia <u>4</u> in. to <u>50</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                    |  |                             |                                                                       |                                                 |                 |    |                |
| Screen-Perforated Intervals: From <u>47</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                      |  |                             |                                                                       |                                                 |                 |    |                |
| Gravel Pack Intervals: From <u>30</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                            |  |                             |                                                                       |                                                 |                 |    |                |
| 5 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                             |  |                             |                                                                       |                                                 |                 |    |                |
| 1 Neat cement                                                                                                                                                                                                                                                                                                                                                 |  | 2 Cement grout              |                                                                       | 3 Bentonite                                     |                 |    |                |
| 4 Other                                                                                                                                                                                                                                                                                                                                                       |  |                             |                                                                       |                                                 |                 |    |                |
| Grouted Intervals: From <u>3</u> ft. to <u>13</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                 |  |                             |                                                                       |                                                 |                 |    |                |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                         |  |                             |                                                                       |                                                 |                 |    |                |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                 |  | 4 Cess pool                 |                                                                       | 7 Sewage lagoon                                 |                 |    |                |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                 |  | 5 Seepage pit               |                                                                       | 8 Feed yard                                     |                 |    |                |
| 3 Lateral lines                                                                                                                                                                                                                                                                                                                                               |  | 6 Pit privy                 |                                                                       | 9 Livestock pens                                |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 10 Fuel storage                                 |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 11 Fertilizer storage                           |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 12 Insecticide storage                          |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 13 Watertight sewer lines                       |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 14 Abandoned water well                         |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 15 Oil well/Gas well                            |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       | 16 Other (specify below)                        |                 |    |                |
| Direction from well <u>North</u> How many feet <u>60</u> ? Water Well Disinfected? Yes <u>X</u> No _____                                                                                                                                                                                                                                                      |  |                             |                                                                       |                                                 |                 |    |                |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>X</u>                                                                                                                                                                |  |                             |                                                                       |                                                 |                 |    |                |
| If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____                                                                                                                                                                                                                                                                                   |  |                             |                                                                       |                                                 |                 |    |                |
| Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.                                                                                                                                                                                                                                                                                        |  |                             |                                                                       |                                                 |                 |    |                |
| Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other                                                                                                                                                                                                                                                                             |  |                             |                                                                       |                                                 |                 |    |                |
| 6 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 <u>June</u> month <u>23</u> day <u>1980</u> year                                                                                                                                       |  |                             |                                                                       |                                                 |                 |    |                |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>126</u>                                                                                                                                                                                                                                         |  |                             |                                                                       |                                                 |                 |    |                |
| This Water Well Record was completed on <u>June</u> month <u>26</u> day <u>1980</u> year under the business name of <u>Hydraulic Drilling Co</u> by (signature) <u>Ofert</u>                                                                                                                                                                                  |  |                             |                                                                       |                                                 |                 |    |                |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                          |  | FROM                        | TO                                                                    | LITHOLOGIC LOG                                  | FROM            | TO | LITHOLOGIC LOG |
|                                                                                                                                                                                                                                                                                                                                                               |  | <u>0</u>                    | <u>30</u>                                                             | <u>Clay gray-brown</u>                          |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  | <u>30</u>                   | <u>40</u>                                                             | <u>Clay blue-gray</u>                           |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  | <u>40</u>                   | <u>49</u>                                                             | <u>Gravel &amp; sand</u>                        |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  | <u>49</u>                   | <u>50</u>                                                             | <u>Shale, gray</u>                              |                 |    |                |
|                                                                                                                                                                                                                                                                                                                                                               |  |                             |                                                                       |                                                 |                 |    |                |
| ELEVATION:                                                                                                                                                                                                                                                                                                                                                    |  |                             |                                                                       |                                                 |                 |    |                |
| Depth(s) Groundwater Encountered 1. <u>40</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)                                                                                                                                                                                                                                       |  |                             |                                                                       |                                                 |                 |    |                |
| 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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records. |  |                             |                                                                       |                                                 |                 |    |                |

OFFICE USE ONLY

T

R

SEC.

1/16

1/16

1/16

1/16

1/16

1/16

1/16

1/16

1/16