

|   |  |                             |                                  |                                  |
|---|--|-----------------------------|----------------------------------|----------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <u>Ellis</u> | Fraction<br><u>S 1/2</u> 1/4 <u>N 1/2</u> 1/4    NW    1/4 | Section Number<br><u>18</u> | Township Number<br>T <u>13</u> S | Range Number<br>R <u>19W</u> E/W |
|---|--|-----------------------------|----------------------------------|----------------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
3 W of Yocemento, Kansas

|   |                              |   |
|---|------------------------------|---|
| 2 WATER WELL OWNER: <u>Frank Dismey</u>   | <u>Abercrombie Drilling</u>  | <u>Dismey #1 Disney</u>                           |
| RR#, St. Address, Box #: <u>Hays, Ks.</u> | <u>801 Union Center</u>      | Board of Agriculture, Division of Water Resources |
| City, State, ZIP Code: <u>67601</u>       | <u>Wichita, Kansas 67202</u> | Application Number: <u>900324</u>                 |

|   |   |
|---|---|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  | 4 DEPTH OF COMPLETED WELL: <u>43</u> ft. ELEVATION: <u>Unknown</u>                                      |
|   | Depth(s) Groundwater Encountered: <u>1.25</u> ft. 2. _____ ft. 3. _____ ft.                             |
|   | WELL'S STATIC WATER LEVEL: <u>25</u> ft. below land surface measured on <u>mo/day/yr</u> <u>7/25/90</u> |
|   | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                            |
|   | Est. Yield: <u>60</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                 |
| Bore Hole Diameter: <u>8</u> in. to <u>43</u> ft., and _____ in. to _____ ft.   |   |
| 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 Monitoring well |   |
| 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:   | 5 Wrought iron   | 8 Concrete tile  | CASING JOINTS: <u>Glued</u> <u>Clamped</u> |
| 1 Steel  | 3 RMP (SR)   | 6 Asbestos-Cement  | 9 Other (specify below)                    |
| 2 <u>PVC</u>   | 4 ABS  | 7 Fiberglass   | _____                                      |
| Blank casing diameter: <u>5</u> in. to <u>23</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | Casing height above land surface: <u>12</u> in., weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u> |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  | 7 <u>PVC</u>   | 10 Asbestos-cement                         |
| 1 Steel  | 3 Stainless steel  | 5 Fiberglass   | 8 RMP (SR)                                 |
| 2 Brass  | 4 Galvanized steel   | 6 Concrete tile  | 9 ABS                                      |
| SCREEN OR PERFORATION OPENINGS ARE:  |  | 8 <u>Saw cut</u>   | 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 <u>23</u> ft. to <u>43</u> ft., From _____ ft. to _____ ft.                |  | From _____ ft. to _____ ft., From _____ ft. to _____ ft. |  |
| GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>43</u> ft., 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 <u>0</u> ft. to <u>20</u> 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 <u>Oil well/Gas well</u>    |
| 3 Watertight sewer lines  | 6 Seepage pit   | 9 Feedyard               | 12 Fertilizer storage | 16 Other (specify below) _____ |
| Direction from well? <u>South</u>   |   | How many feet? <u>60</u> |                       |                                |

| FROM | TO | LITHOLOGIC LOG  | FROM | TO | PLUGGING INTERVALS |
|------|----|-----------------|------|----|--------------------|
| 0    | 15 | Clay            |      |    |                    |
| 15   | 43 | Sand and gravel |      |    |                    |
|      |    |                 |      |    |                    |
|      |    |                 |      |    |                    |
|      |    |                 |      |    |                    |
|      |    |                 |      |    |                    |
|      |    |                 |      |    |                    |
|      |    |                 |      |    |                    |
|      |    |                 |      |    |                    |
|      |    |                 |      |    |                    |

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) 7/25/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 12/15/90 under the business name of Kelly's Water Well Service by (signature) [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 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.