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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------|----------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                            |           | Fraction                                                                                                                                                                                                                                             | Section Number | Township Number                                                                                                             | Range Number   |
| County: <b>BARTON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |           | <b>NE 1/4 NE 1/4 NW 1/4</b>                                                                                                                                                                                                                          | <b>36</b>      | <b>T 19 S</b>                                                                                                               | <b>R 11 E</b>  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>112 W 7th</b>                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| 2 WATER WELL OWNER: <b>VERN HISKETT</b>                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| RR#, St. Address, Box #: <b>112 W 7th</b>                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                      |                | Board of Agriculture, Division of Water Resources                                                                           |                |
| City, State, ZIP Code: <b>ELLINWOOD KS 67526</b>                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                                                                      |                | Application Number: <b>NONE</b>                                                                                             |                |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                 |           | 4 DEPTH OF COMPLETED WELL: <b>35</b> ft. ELEVATION: _____                                                                                                                                                                                            |                |                                                                                                                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.                                                                                                                                                                              |                |                                                                                                                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | WELL'S STATIC WATER LEVEL <b>30</b> ft. below land surface measured on mo/day/yr                                                                                                                                                                     |                |                                                                                                                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | 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 _____ in. to _____ 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 Observation well |                |                                                                                                                             |                |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr sample was submitted _____                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| Water Well Disinfected? Yes <b>X</b> No _____                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| 1 Steel<br>2 PVC<br>Blank casing diameter <b>S</b> _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <b>0</b> _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                    |           | 5 Wrought iron<br>6 Asbestos-Cement<br>7 Fiberglass                                                                                                                                                                                                  |                | 8 Concrete tile<br>9 Other (specify below)<br>CASING JOINTS: Glued _____ Clamped _____<br>Welded _____<br>Threaded <b>X</b> |                |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| 1 Steel<br>2 Brass<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot<br>2 Louvered shutter                                                                                                                                                                                                                                                                                                                                                 |           | 3 Stainless steel<br>4 Galvanized steel<br>3 Mill slot<br>4 Key punched                                                                                                                                                                              |                | 5 Fiberglass<br>6 Concrete tile<br>7 Gauzed wrapped<br>6 Wire wrapped<br>7 Torch cut                                        |                |
| 7 PVC<br>10 Asbestos-cement<br>11 Other (specify) <b>N.A.</b><br>12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                            |           | 8 Saw cut<br>9 Drilled holes<br>10 Other (specify) <b>N.A.</b>                                                                                                                                                                                       |                | 11 None (open hole)                                                                                                         |                |
| SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                         |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| 6 GROUT MATERIAL: 1 Neat cement 2 <b>Cement grout</b> 3 Bentonite 4 Other _____                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| Grout Intervals: From <b>30</b> ft. to <b>3</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| 1 Septic tank<br>2 Sewer lines<br>3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                           |           | 4 Lateral lines<br>5 Cess pool<br>6 Seepage pit                                                                                                                                                                                                      |                | 7 Pit privy<br>8 Sewage lagoon<br>9 Feedyard                                                                                |                |
| 10 Livestock pens<br>11 Fuel storage<br>12 Fertilizer storage<br>13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                              |           | 14 Abandoned water well<br>15 Oil well/Gas well<br>⑥ Other (specify below) <b>WATER WELL</b>                                                                                                                                                         |                | How many feet? <b>40</b>                                                                                                    |                |
| Direction from well? <b>N</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO        | LITHOLOGIC LOG                                                                                                                                                                                                                                       | FROM           | TO                                                                                                                          | LITHOLOGIC LOG |
| <b>35</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>30</b> | <b>CLORINATED SAND</b>                                                                                                                                                                                                                               | <b>902</b>     |                                                                                                                             |                |
| <b>30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3</b>  | <b>CEMENT</b>                                                                                                                                                                                                                                        |                |                                                                                                                             |                |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>0</b>  | <b>EARTH</b>                                                                                                                                                                                                                                         |                |                                                                                                                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>PULL PIPE - DISCONNECT</b>                                                                                                                                                                                                                        |                |                                                                                                                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>5 TRIPS - NOT HOME</b>                                                                                                                                                                                                                            |                |                                                                                                                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>4 HRS</b>                                                                                                                                                                                                                                         |                |                                                                                                                             |                |
| 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) <b>9-19-90</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <b>9-19-90</b> under the business name of _____ by (signature) <b>Kelly Starnes</b> |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |
| 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: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.                                                                           |           |                                                                                                                                                                                                                                                      |                |                                                                                                                             |                |