

1 LOCATION OF WATER WELL: County: Barton		Fraction SE 1/4 SE 1/4 SE 1/4	Section Number 29	Township Number T 20 S	Range Number R 12w E/W																																				
Distance and direction from nearest town or city street address of well if located within city? 5 1/4S of Dartmouth, Ks.																																									
2 WATER WELL OWNER: Kenton McCullough RR#, St. Address, Box # : 1394 NE 60th Ave. City, State, ZIP Code : Hudson, KS 67545 Board of Agriculture, Division of Water Resources Application Number:																																									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <table border="1" style="margin: auto;"><tr><td colspan="2">N</td></tr><tr><td>- NW -</td><td>- NE -</td></tr><tr><td> </td><td> </td></tr><tr><td>- SW -</td><td>- SE -</td></tr><tr><td> </td><td> </td></tr><tr><td colspan="2">S</td></tr><tr><td>W</td><td>E</td></tr></table>		N		- NW -	- NE -			- SW -	- SE -			S		W	E	4 DEPTH OF COMPLETED WELL 89 ft. ELEVATION: unknown Depth(s) Groundwater Encountered 1 32 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 32 ft. below land surface measured on mo/day/yr 07/07/04 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 60 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 _____																									
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter 5 in. to 69 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 10 Asbestos-Cement 2 Brass 4 Galvanized Steel 6 Concrete tile <u>8 RMP (SR)</u> 11 Other (Specify) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped <u>8 Saw cut</u> 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes SCREEN-PERFORATED INTERVALS: From 69 ft. to 39 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From 20 ft. to 39 ft., From _____ ft. to _____ ft.																																									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 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) abandoned house Direction from well? West 13 Insecticide storage How many feet? 100																																									
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>12</td><td>top sand</td><td></td><td></td><td></td></tr><tr><td>12</td><td>43</td><td>clay</td><td></td><td></td><td></td></tr><tr><td>43</td><td>60</td><td>fine sand</td><td></td><td></td><td></td></tr><tr><td>60</td><td>89</td><td>sand and gravel</td><td></td><td></td><td></td></tr><tr><td colspan="6" style="text-align: right; padding-top: 20px;"> RECEIVED AUG 31 2004 BUREAU OF WATER </td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	12	top sand				12	43	clay				43	60	fine sand				60	89	sand and gravel				RECEIVED AUG 31 2004 BUREAU OF WATER					
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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) 07/07/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 186 . This Water Well Record was completed on (mo/day/yr) 07/08/04 under the business name of Kelly's Water Well Service, Inc. by (signature) <i>Kathryn L Good</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																																									