

|                                                                                                                                                                                                                                                                         |  |                                                                         |                                                   |  |                 |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|---------------------------------------------------|--|-----------------|----------------------|
| 1 LOCATION OF WATER WELL                                                                                                                                                                                                                                                |  | Fraction                                                                | Section Number                                    |  | Township Number | Range Number         |
| County: <u>McPherson</u>                                                                                                                                                                                                                                                |  | <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ | <u>23</u>                                         |  | T <u>20</u> S   | R <u>2</u> <u>EW</u> |
| Distance and direction from nearest town or city? <u>6 3/4 N Moundridge</u>                                                                                                                                                                                             |  |                                                                         | Street address of well if located within city?    |  |                 |                      |
| 2 WATER WELL OWNER: <u>CALVIN BECKER</u>                                                                                                                                                                                                                                |  |                                                                         |                                                   |  |                 |                      |
| RR#, St. Address, Box # : <u>R.R. # 4</u>                                                                                                                                                                                                                               |  |                                                                         | Board of Agriculture, Division of Water Resources |  |                 |                      |
| City, State, ZIP Code : <u>GALVA, KS 67443</u>                                                                                                                                                                                                                          |  |                                                                         | Application Number:                               |  |                 |                      |
| 3 DEPTH OF COMPLETED WELL: <u>48</u> ft. Bore Hole Diameter: <u>12</u> in. to <u>48</u> ft. and in. to ft.                                                                                                                                                              |  |                                                                         |                                                   |  |                 |                      |
| Well Water to be used as:                                                                                                                                                                                                                                               |  |                                                                         |                                                   |  |                 |                      |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 12 Other (Specify below)                                                                                                                                                                   |  |                                                                         |                                                   |  |                 |                      |
| 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well                                                                                                                                                                                                    |  |                                                                         |                                                   |  |                 |                      |
| Well's static water level: <u>12</u> ft. below land surface measured on <u>7</u> month <u>11</u> day <u>80</u> year                                                                                                                                                     |  |                                                                         |                                                   |  |                 |                      |
| Pump Test Data: Well water was <u>49</u> ft. after <u>2</u> hours pumping <u>8/10</u> gpm                                                                                                                                                                               |  |                                                                         |                                                   |  |                 |                      |
| Est. Yield <u>8/10</u> gpm: Well water was ft. after hours pumping gpm                                                                                                                                                                                                  |  |                                                                         |                                                   |  |                 |                      |
| 4 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                            |  |                                                                         |                                                   |  |                 |                      |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued <input checked="" type="checkbox"/> Clamped                                                                                                                                                      |  |                                                                         |                                                   |  |                 |                      |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded                                                                                                                                                                                                            |  |                                                                         |                                                   |  |                 |                      |
| 7 Fiberglass Threaded                                                                                                                                                                                                                                                   |  |                                                                         |                                                   |  |                 |                      |
| Blank casing dia. <u>5</u> in. to <u>48</u> ft. Dia. in. to ft. Dia. in. to ft.                                                                                                                                                                                         |  |                                                                         |                                                   |  |                 |                      |
| Casing height above land surface: <u>18</u> in., weight <u>2.37</u> lbs./ft. Wall thickness or gauge No. <u>2.14</u>                                                                                                                                                    |  |                                                                         |                                                   |  |                 |                      |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                 |  |                                                                         |                                                   |  |                 |                      |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)                                                                                                                                                                                                    |  |                                                                         |                                                   |  |                 |                      |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)                                                                                                                                                                                               |  |                                                                         |                                                   |  |                 |                      |
| Screen or Perforation Openings Are:                                                                                                                                                                                                                                     |  |                                                                         |                                                   |  |                 |                      |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut <u>.020</u> 11 None (open hole)                                                                                                                                                                                |  |                                                                         |                                                   |  |                 |                      |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                         |  |                                                                         |                                                   |  |                 |                      |
| 7 Torch cut 10 Other (specify)                                                                                                                                                                                                                                          |  |                                                                         |                                                   |  |                 |                      |
| Screen-Perforation Dia. <u>5</u> in. to <u>40</u> ft. Dia. in. to ft. Dia. in. to ft.                                                                                                                                                                                   |  |                                                                         |                                                   |  |                 |                      |
| Screen-Perforated Intervals: From <u>20</u> ft. to <u>40</u> ft. From ft. to ft. From ft. to ft.                                                                                                                                                                        |  |                                                                         |                                                   |  |                 |                      |
| Gravel Pack Intervals: From <u>10</u> ft. to <u>48</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>0</u> ft. to <u>10</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 11 Fertilizer storage 14 Abandoned water well                                                                                                                                                                                 |  |                                                                         |                                                   |  |                 |                      |
| 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well                                                                                                                                                                                     |  |                                                                         |                                                   |  |                 |                      |
| 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below)                                                                                                                                                                         |  |                                                                         |                                                   |  |                 |                      |
| Direction from well: <u>WEST</u> How many feet: <u>75</u> ? Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                 |  |                                                                         |                                                   |  |                 |                      |
| Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted month day year Pump Installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                                                                         |                                                   |  |                 |                      |
| 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 <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>7</u> month <u>21</u> day <u>80</u> year                                                        |  |                                                                         |                                                   |  |                 |                      |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>175</u>                                                                                                                                                   |  |                                                                         |                                                   |  |                 |                      |
| This Water Well Record was completed on <u>8</u> month <u>21</u> day <u>80</u> year under the business name of <u>PAUL'S INC.</u> by (signature) <u>Paul Burchhart</u>                                                                                                  |  |                                                                         |                                                   |  |                 |                      |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                    |  |                                                                         |                                                   |  |                 |                      |
|                                                                                                                                                                                                                                                                         |  | FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG                           |                                                   |  |                 |                      |
|                                                                                                                                                                                                                                                                         |  | 0 5 LOAM                                                                |                                                   |  |                 |                      |
|                                                                                                                                                                                                                                                                         |  | 5 10 DRY WHITE SANDS - FINE                                             |                                                   |  |                 |                      |
|                                                                                                                                                                                                                                                                         |  | 10 21 SOFT WHITE CLAY - SANDY                                           |                                                   |  |                 |                      |
|                                                                                                                                                                                                                                                                         |  | 21 26 MED-FINE SAND to SHALE                                            |                                                   |  |                 |                      |
|                                                                                                                                                                                                                                                                         |  | 26 30 GREEN-GREY SHALE - IRON-RUSTY SEAMS                               |                                                   |  |                 |                      |
|                                                                                                                                                                                                                                                                         |  | 30 35 GREY SHALE                                                        |                                                   |  |                 |                      |
|                                                                                                                                                                                                                                                                         |  | 35 48 GREY SHALE to DARK WEHINGTON                                      |                                                   |  |                 |                      |
| ELEVATION:                                                                                                                                                                                                                                                              |  |                                                                         |                                                   |  |                 |                      |
| Depth(s) Groundwater Encountered 1. 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.