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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|--------------------------|--|---------------------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Fraction                                                                                                                            |  | Section Number                                    |  | Township Number          |  | Range Number                                |  |
| County: <b>Stafford</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | SW 1/4 SW 1/4 NW 1/4                                                                                                                |  | <b>27</b>                                         |  | T <b>21</b> S            |  | R <b>12</b> <b>EW</b>                       |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>7-N 1-E. of Hudson, Ks.</b>                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| <b>2 WATER WELL OWNER: Marvin Sittner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| RR#, St. Address, Box # : <b>R.R.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                     |  | Board of Agriculture, Division of Water Resources |  |                          |  |                                             |  |
| City, State, ZIP Code : <b>Hudson, Ks. 67545</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                     |  | Application Number: <b>T89-398</b>                |  |                          |  |                                             |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>4 DEPTH OF COMPLETED WELL</b> <b>95</b> ft. <b>ELEVATION:</b> <b>87</b> ft.                                                      |  |                                                   |  |                          |  |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Depth(s) Groundwater Encountered 1. <b>18</b> ft. 2. <b>95</b> ft. 3. <b>87</b> ft.                                                 |  |                                                   |  |                          |  |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | WELL'S STATIC WATER LEVEL <b>18</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 <b>9</b> in. to _____ ft., and _____ in. to _____ ft.                                                            |  |                                                   |  |                          |  |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                                |  |                                                   |  |                          |  |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 1 Domestic 3 Feedlot <b>X</b> 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                        |  |                                                   |  |                          |  |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring 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 _____ No <b>X</b>                                                                                       |  |                                                   |  |                          |  |                                             |  |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 3 RMP (SR)                                                                                                                          |  | 5 Wrought iron                                    |  | 8 Concrete tile          |  | CASING JOINTS: Glued <b>X</b> Clamped _____ |  |
| <b>X</b> PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4 ABS                                                                                                                               |  | 6 Asbestos-Cement                                 |  | 9 Other (specify below)  |  | Welded _____                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  | 7 Fiberglass                                      |  |                          |  | Threaded _____                              |  |
| Blank casing diameter <b>5</b> in. to <b>85</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| Casing height above land surface <b>12</b> in., weight _____ lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL: <b>X</b> PVC 10 Asbestos-cement                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>X</b> Mill slot                                                                                                                  |  | 5 Gauzed wrapped                                  |  | 8 Saw cut                |  | 11 None (open hole)                         |  |
| 2 Louvered shutter                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 4 Key punched                                                                                                                       |  | 6 Wire wrapped                                    |  | 9 Drilled holes          |  |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  | 7 Torch cut                                       |  | 10 Other (specify) _____ |  |                                             |  |
| SCREEN-PERFORATED INTERVALS: From <b>85</b> ft. to <b>95</b> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>95</b> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| GROUT MATERIAL: <b>X</b> Neat cement 2 Cement grout 3 Bentonite 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| Grout intervals: From <b>0</b> ft. to <b>20</b> 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)                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  |                                                   |  | 13 Insecticide storage   |  | <b>none</b>                                 |  |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TO                                                                                                                                  |  | LITHOLOGIC LOG                                    |  | FROM                     |  | TO                                          |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 3                                                                                                                                   |  | Top soil                                          |  |                          |  |                                             |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 80                                                                                                                                  |  | Clay-sand streak                                  |  |                          |  |                                             |  |
| 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 95                                                                                                                                  |  | Gravel                                            |  |                          |  |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>X</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>9-15-89</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>462</b> This Water Well Record was completed on (mo/day/yr) <b>11-7-89</b> under the business name of <b>Sam's Water Well</b> by (signature) <i>Lara R. [Signature]</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                    |  |                                                                                                                                     |  |                                                   |  |                          |  |                                             |  |