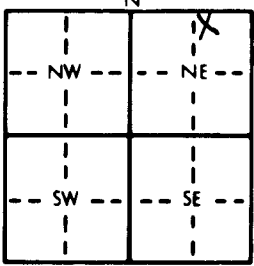


1 LOCATION OF WATER WELL: County: <u>Prusee</u>		Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>32</u>	Township Number <u>T 21 S</u>	Range Number <u>R 16 EMD</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1323 Broadway, Larned, KS</u>					
2 WATER WELL OWNER: <u>Deans L&S</u> RR#, St. Address, Box # : <u>1323 Broadway Larned, KS</u> City, State, ZIP Code : <u>64571</u> Board of Agriculture, Division of Water Resources Application Number: <u>1149</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>		4 DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION: <u>2025.46</u> Depth(s) Groundwater Encountered 1. <u>1988.51</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>36.95</u> ft. below land surface measured on mo/day/yr <u>9/17/98</u> 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: <u>8</u> in. to <u>50</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <div style="display: flex; justify-content: space-between;"> <div> 5 Public water supply 1 Domestic 2 Irrigation </div> <div> 6 Oil field water supply 3 Feedlot 4 Industrial </div> <div> 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well </div> <div> 11 Injection well 12 Other (Specify below) </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="radio"/> 2 PVC Blank casing diameter <u>2</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface: <u>Flush</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <input checked="" type="checkbox"/>			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass SCREEN OR PERFORATION OPENINGS ARE: <input checked="" type="radio"/> 1 Continuous slot 2 Louvered shutter 3 Stainless steel 4 Galvanized steel 3 Mill slot 4 Key punched		<input checked="" type="radio"/> 1 PVC 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole) 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)			
SCREEN-PERFORATED INTERVALS: From <u>50</u> ft. to <u>30</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From <u>50</u> ft. to <u>29</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL: <u>29</u> 1 Neat cement Grout Intervals: From <u>29</u> ft. to <u>1</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens <input checked="" type="radio"/> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____		Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS			
4'		30'		Loess	
30'		50'		Silty clay	
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) <u>9-17-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>634</u> This Water Well Record was completed on (mo/day/yr) <u>10-6-98</u> under the business name of <u>Shady 2 W. Testley LLC</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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