

|  |  |                             |   |   |                |
|--|--|-----------------------------|---|---|----------------|
| 1 LOCATION OF WATER WELL   |  | Fraction                    | Section Number                                    | Township Number   | Range Number   |
| County: <u>Pawnee</u>  |  | <u>SW 1/4 SW 1/4 NE 1/4</u> | <u>31</u>   | <u>T 21 S</u>   | <u>R 17 NW</u> |
| Distance and direction from nearest town or city? <u>1 N 1/2 W</u>   |  |                             | Street address of well if located within city?    |   |                |
| 2 WATER WELL OWNER: <u>Stanley Moffett</u>   |  |                             |   |   |                |
| RR#, St. Address, Box #: <u>300 Morris</u>   |  |                             | Board of Agriculture, Division of Water Resources |   |                |
| City, State, ZIP Code: <u>Pawnee, KS 67550</u>   |  |                             | Application Number: <u>27578</u>                  |   |                |
| 3 DEPTH OF COMPLETED WELL: <u>141</u> ft. Bore Hole Diameter: <u>29</u> in. to <u>141</u> ft., and _____ in. to _____ ft.  |  |                             |   |   |                |
| Well Water to be used as:  |  |                             |   |   |                |
| 1 Domestic   |  | 3 Feedlot                   |   | 5 Public water supply                                     |                |
| 2 Irrigation   |  | 4 Industrial                |   | 6 Oil field water supply                                  |                |
|  |  | 7 Lawn and garden only      |   | 8 Air conditioning  |                |
|  |  | 10 Observation well         |   | 9 Dewatering  |                |
|  |  |                             |   | 11 Injection well   |                |
|  |  |                             |   | 12 Other (Specify below)                                  |                |
| Well's static water level: <u>115</u> ft. below land surface measured on <u>12</u> month <u>5</u> day <u>80</u> year   |  |                             |   |   |                |
| Pump Test Data: Well water was <u>115</u> ft. after <u>1</u> hours pumping <u>500</u> gpm  |  |                             |   |   |                |
| Est. Yield <u>500</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm  |  |                             |   |   |                |
| 4 TYPE OF BLANK CASING USED:   |  |                             |   |   |                |
| 1 Steel  |  | 3 RMP (SR)                  |   | 5 Wrought iron  |                |
| 2 PVC  |  | 4 ABS                       |   | 6 Asbestos-Cement   |                |
|  |  |                             |   | 7 Fiberglass  |                |
|  |  |                             |   | 8 Concrete tile   |                |
|  |  |                             |   | 9 Other (specify below)                                   |                |
|  |  |                             |   | Casing Joints: Glued _____ Clamped _____                  |                |
|  |  |                             |   | Welded <input checked="" type="checkbox"/> Threaded _____ |                |
| Blank casing dia <u>16</u> in. to <u>101</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.   |  |                             |   |   |                |
| Casing height above land surface: <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>7</u>  |  |                             |   |   |                |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  |                             |   |   |                |
| 1 Steel  |  | 3 Stainless steel           |   | 5 Fiberglass  |                |
| 2 Brass  |  | 4 Galvanized steel          |   | 6 Concrete tile   |                |
|  |  |                             |   | 7 PVC   |                |
|  |  |                             |   | 8 RMP (SR)  |                |
|  |  |                             |   | 9 ABS   |                |
|  |  |                             |   | 10 Asbestos-cement  |                |
|  |  |                             |   | 11 Other (specify)  |                |
|  |  |                             |   | 12 None used (open hole)                                  |                |
| Screen or Perforation Openings Are:  |  |                             |   |   |                |
| 1 Continuous slot  |  | 3 Mill slot                 |   | 5 Gauzed wrapped  |                |
| 2 Louvered shutter   |  | 4 Key punched               |   | 6 Wire wrapped  |                |
|  |  |                             |   | 7 Torch cut   |                |
|  |  |                             |   | 8 Saw cut   |                |
|  |  |                             |   | 9 Drilled holes   |                |
|  |  |                             |   | 10 Other (specify)  |                |
| Screen-Perforation Dia <u>16</u> in. to <u>141</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.   |  |                             |   |   |                |
| Screen-Perforated Intervals: From <u>101</u> ft. to <u>141</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.   |  |                             |   |   |                |
| Gravel Pack Intervals: From <u>10</u> ft. to <u>151</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.  |  |                             |   |   |                |
| 5 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement <input type="radio"/> Cement grout <input type="radio"/> Bentonite <input type="radio"/> 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:  |  |                             |   |   |                |
| <input checked="" type="radio"/> Septic tank   |  | 4 Cess pool                 |   | 7 Sewage lagoon   |                |
| 2 Sewer lines  |  | 5 Seepage pit               |   | 8 Feed yard   |                |
| 3 Lateral lines  |  | 6 Pit privy                 |   | 9 Livestock pens  |                |
|  |  |                             |   | 10 Fuel storage   |                |
|  |  |                             |   | 11 Fertilizer storage                                     |                |
|  |  |                             |   | 12 Insecticide storage                                    |                |
|  |  |                             |   | 13 Watertight sewer lines                                 |                |
|  |  |                             |   | 14 Abandoned water well                                   |                |
|  |  |                             |   | 15 Oil well/Gas well                                      |                |
|  |  |                             |   | 16 Other (specify below)                                  |                |
| Direction from well: <u>East</u> How many feet: <u>3/4 mile</u> ? Water Well Disinfected? Yes <u>H.T.H.</u> No _____   |  |                             |   |   |                |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ 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 <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on _____ month _____ day _____ year |  |                             |   |   |                |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u>  |  |                             |   |   |                |
| This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Rosenkrantz - Bemis</u> by (signature) <u>Lora Dodson</u>   |  |                             |   |   |                |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:   |  |                             |   |   |                |
|  |  | LITHOLOGIC LOG              |   |   |                |
|  |  | FROM                        | TO  | LITHOLOGIC LOG  |                |
|  |  | 0                           | 2   | Top soil  |                |
|  |  | 2                           | 17  | Brown clay  |                |
|  |  | 17                          | 30  | Brown clay - soft   |                |
|  |  | 30                          | 40  | gray & brown sandy clay                                   |                |
|  |  | 40                          | 53  | fine sand   |                |
|  |  | 53                          | 55  | fine sand & clay mixed                                    |                |
|  |  | 55                          | 66  | gray clay   |                |
|  |  | 66                          | 83  | brown & white clay  |                |
|  |  | 83                          | 92  | fine clay   |                |
|  |  | 92                          | 104   | sand rock - sandy clay                                    |                |
|  |  | 104                         | 124   | sand rock   |                |
|  |  | 124                         | 124 1/2   | ironed sand rock  |                |
|  |  | 124 1/2                     | 150   | sand rock   |                |
|  |  | 150                         | 151   | blue shale  |                |
| ELEVATION: _____   |  |                             |   |   |                |

Depth(s) Groundwater Encountered 1. 115 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.