

|                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                       |  | Fraction                                                                                                                                          |  | Section Number |  | Township Number |  | Range Number |  |
| County: <u>McPherson</u>                                                                                                                                                                                                                                                                                                                                        |  | <u>SE 1/4 NE 1/4 NE 1/4</u>                                                                                                                       |  | <u>23</u>      |  | <u>T 21 S</u>   |  | <u>R 4 E</u> |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                 |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| <u>3 mi E, 1 1/4 S of Inman - 279 11th Ave</u>                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 2 WATER WELL OWNER: <u>Jeramy Funk</u>                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| RR#, St. Address, Box # : <u>279 11th Ave</u>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| City, State, ZIP Code : <u>Inman, KS 67546</u>                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| Application Number:                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                            |  | 4 DEPTH OF COMPLETED WELL: <u>100</u> ft. ELEVATION:                                                                                              |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                 |  | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.                                                                           |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | WELL'S STATIC WATER LEVEL <u>31</u> ft. below land surface measured on mo/day/yr <u>4-22-97</u>                                                   |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | Pump test data: Well water was <u>3 1/2</u> ft. after <u>1/2</u> hours pumping <u>25</u> gpm                                                      |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                                                                |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | Bore Hole Diameter <u>8</u> in. to <u>10.5</u> ft. and _____ in. to _____ ft.                                                                     |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                                              |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/> Domestic 3 Feedlot 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was sub- |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | mitted                                                                                                                                            |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | Water Well Disinfected? <input checked="" type="checkbox"/> Yes No                                                                                |  |                |  |                 |  |              |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____                                                                                                                                                                                                                                        |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                                            |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 7 Fiberglass _____ Threaded _____                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| Blank casing diameter <u>5</u> in. to <u>90</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                       |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| Casing height above land surface <u>12</u> in. weight <u>2.29</u> lbs./ft. Wall thickness or gauge No. <u>160</u>                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="checkbox"/> PVC 10 Asbestos-cement                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 9 ABS 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 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 <u>90</u> ft. to <u>100</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                   |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                          |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| From <u>70</u> ft. to <u>105</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other _____                                                                                                                                                                                                                                                                        |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| Grout Intervals: From <u>3</u> ft. to <u>23</u> ft. From <u>65</u> ft. to <u>70</u> 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 <input checked="" type="checkbox"/> 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 _____                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| Direction from well? <u>N-NE</u> How many feet? <u>110</u>                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| <u>0</u> <u>38</u> <u>Br Clay</u>                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| <u>38</u> <u>46</u> <u>Gr Clay</u>                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| <u>46</u> <u>64</u> <u>F-C Sand</u>                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| <u>64</u> <u>90</u> <u>F Sand + Clay Mix</u>                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| <u>90</u> <u>105</u> <u>Sand + Sm Gravel</u>                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| completed on (mo/day/year) <u>4-22-97</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| Water Well Contractor's License No. <u>447</u> This Water Well Record was completed on (mo/day/yr) <u>4-27-97</u>                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| under the business name of <u>Miller Drilling</u> by (signature) <u>E. Miller</u>                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                |  |                 |  |              |  |
| 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |  |                                                                                                                                                   |  |                |  |                 |  |              |  |