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| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | Fraction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | Township Number         |                    | Range Number                       |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| County: <u>Stafford</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | <u>NC</u> $\frac{1}{4}$ <u>n/2</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | Section Number <u>4</u> |                    | T <u>22</u> S <u>14</u> E <u>W</u> |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1 1/4 E. of Radium, Ka.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 2 WATER WELL OWNER: <u>Darrell Unruh</u><br>RR#, St. Address, Box # : <u>24 Red Fox Lane</u><br>City, State, ZIP Code : <u>Littletton, Colo. 80127</u><br>Board of Agriculture, Division of Water Resources<br>Application Number <u>T89-345</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 4 DEPTH OF COMPLETED WELL <u>85</u> ft. ELEVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | Depth(s) Groundwater Encountered 1. <u>17</u> ft. 2. <u>17</u> ft. 3. <u>17</u> ft.<br>WELL'S STATIC WATER LEVEL <u>27</u> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was <u>          </u> ft. after <u>          </u> hours pumping <u>          </u> gpm<br>Est. Yield <u>          </u> gpm: Well water was <u>          </u> ft. after <u>          </u> hours pumping <u>          </u> gpm<br>Bore Hole Diameter. <u>9</u> in. to <u>          </u> ft., and <u>          </u> in. to <u>          </u> ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot <input checked="" type="checkbox"/> Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well <u>          </u><br>Was a chemical/bacteriological sample submitted to Department? Yes <u>          </u> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted <u>          </u><br>Water Well Disinfected? Yes <u>          </u> No <input checked="" type="checkbox"/> |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 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 <u>          </u><br><input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <u>          </u><br>Blank casing diameter <u>5</u> in. to <u>75</u> ft., Dia. <u>          </u> in. to <u>          </u> ft., Dia. <u>          </u> in. to <u>          </u> ft.<br>Casing height above land surface <u>12</u> in., weight <u>          </u> lbs./ft. Wall thickness or gauge No. <u>          </u><br>TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> PVC 10 Asbestos-cement<br>1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) <u>          </u><br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>1 Continuous slot <input checked="" type="checkbox"/> Mill slot 6 Wire wrapped 9 Drilled holes<br>2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) <u>          </u><br>SCREEN-PERFORATED INTERVALS: From <u>75</u> ft. to <u>85</u> ft., From <u>          </u> ft. to <u>          </u> ft.<br>GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>85</u> ft., From <u>          </u> ft. to <u>          </u> ft.<br>From <u>          </u> ft. to <u>          </u> ft., From <u>          </u> ft. to <u>          </u> ft. |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement 2 Cement grout 3 Bentonite 4 Other <u>          </u><br>Grout intervals: From <u>0</u> ft. to <u>85</u> ft., From <u>          </u> ft. to <u>          </u> ft., From <u>          </u> ft. to <u>          </u> ft.<br>What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well<br>1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) <u>          </u><br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage <u>none</u><br>Direction from well? <u>          </u> How many feet? <u>          </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| <table><tr><td>FROM</td><td>TO</td><td>LITHOLOGIC LOG</td><td>FROM</td><td>TO</td><td>PLUGGING INTERVALS</td></tr><tr><td>0</td><td>3</td><td>Top soil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>35</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>35</td><td>42</td><td>Gravel</td><td></td><td></td><td></td></tr><tr><td>42</td><td>65</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>65</td><td>85</td><td>Gravel</td><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                         |                    |                                    |  | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 3 | Top soil |  |  |  | 3 | 35 | Clay |  |  |  | 35 | 42 | Gravel |  |  |  | 42 | 65 | Clay |  |  |  | 65 | 85 | Gravel |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FROM | TO                      | PLUGGING INTERVALS |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
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| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 35 | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 42 | Gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 65 | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 85 | Gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 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>8-6-89</u> and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's License No. <u>462</u> This Water Well Record was completed on (mo/day/yr) <u>11-7-89</u><br>under the business name of <u>Sam's Water Well</u> by (signature) <u>[Signature]</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                         |                    |                                    |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |