

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|------------------------------------------------|--|-----------------|--|----------------|--|--------------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Fraction                                                                              |  | Section Number                                 |  | Township Number |  | Range Number   |  |                    |  |
| County: <u>Harvey</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | SW 1/4 SW 1/4 SE 1/4                                                                  |  | 12                                             |  | T 23 S          |  | R 1 E <u>N</u> |  |                    |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1/2 mile West of Newton on NW 12th Street</u>                                                                                                                                                                                                                                                                                                                                   |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| 2 WATER WELL OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Arlen Wiens                                                                           |  |                                                |  |                 |  |                |  |                    |  |
| RR#, St. Address, Box # :                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2610 NW 12th Street                                                                   |  |                                                |  |                 |  |                |  |                    |  |
| City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Newton, KS 67114                                                                      |  |                                                |  |                 |  |                |  |                    |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4 DEPTH OF COMPLETED WELL: <u>25</u> ft. ELEVATION: _____                             |  |                                                |  |                 |  |                |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                       |  | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.               |  |                                                |  |                 |  |                |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | WELL'S STATIC WATER LEVEL <u>8</u> ft. below land surface measured on mo/day/yr _____ |  |                                                |  |                 |  |                |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm          |  |                                                |  |                 |  |                |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm    |  |                                                |  |                 |  |                |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Bore Hole Diameter <u>9</u> in. to <u>25</u> ft., and _____ in. to _____ ft.          |  |                                                |  |                 |  |                |  |                    |  |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 5 Public water supply 8 Air conditioning 11 Injection well                            |  |                                                |  |                 |  |                |  |                    |  |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| 2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 10 Monitoring well                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was sub-<br>mitted _____ Water Well Disinfected? Yes <u>X</u> No _____                                                                                                                                                                                                                                                                                           |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____            |  |                                                |  |                 |  |                |  |                    |  |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| <u>2 PVC</u> 4 ABS 7 Fiberglass Threaded _____                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| Blank casing diameter <u>5</u> in. to <u>10</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| Casing height above land surface <u>24</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>214</u>                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <u>7 PVC</u> 10 Asbestos-cement                                                       |  |                                                |  |                 |  |                |  |                    |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                        |  |                                                |  |                 |  |                |  |                    |  |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 1 Neat cement 2 Cement grout 3 Bentonite <u>4 Other</u> <u>Hole Plug</u>              |  |                                                |  |                 |  |                |  |                    |  |
| Grout Intervals: From <u>10</u> ft. to <u>0</u> ft., From _____ ft. to _____ 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 <u>8 Sewage lagoon</u> 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>Northeast</u> How many feet? <u>200</u>                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TO                                                                                    |  | LITHOLOGIC LOG                                 |  | FROM            |  | TO             |  | PLUGGING INTERVALS |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 3                                                                                     |  | Top Soil                                       |  |                 |  |                |  |                    |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 14                                                                                    |  | Light Brown Clay w/Cleatche                    |  |                 |  |                |  |                    |  |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 23                                                                                    |  | Tan-Red Clay w/Fine Sand & Gravel              |  |                 |  |                |  |                    |  |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 25                                                                                    |  | Green Clay w/Fine Sand & pieces of Green Shale |  |                 |  |                |  |                    |  |
| 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>9-3-98</u> 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 (mo/day/yr) <u>9-30-98</u> under the business name of <u>Rosencrantz-Bemis Ent. Inc.</u> by (signature) <u>Alicia Coffey</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.                                                                                                                       |  |                                                                                       |  |                                                |  |                 |  |                |  |                    |  |