

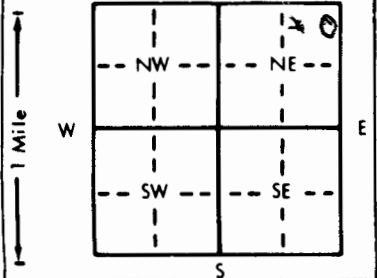
E Webb

1 LOCATION OF WATER WELL: County: <u>Kearney</u> Fraction: <u>NE 1/4 NE 1/4 NE 1/4</u> Section Number: <u>22</u> Township Number: <u>T 23 S</u> Range Number: <u>R 36 EW</u>

Distance and direction from nearest town or city street address of well if located within city?
7 mi. N. 1 1/2 E. Lakin 25 Hiway

2 WATER WELL OWNER: <u>Molz Land-Cattle</u> RR#, St. Address, Box #: <u>Box 871</u> City, State, ZIP Code: <u>Lakin, KS 67860-0871</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>164</u> ft. ELEVATION:
--

Depth(s) Groundwater Encountered: 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: 141 ft. below land surface measured on mo/day/yr 12-16-06

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: _____ in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 <u>Domestic</u>	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
	10 Monitoring well	12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
------------------------------	----------------	-----------------	--

1 <u>Steel</u>	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____

Blank casing diameter: 6" in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.

Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:			7 PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) <u>N.A.</u>
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	7 Torch cut	9 Drilled holes	
2 Louvered shutter	4 Key punched			10 Other (specify) <u>N.A.</u>	

SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 <u>Neat cement</u>	2 Cement grout	3 Bentonite	4 Other _____
-------------------	----------------------	----------------	-------------	---------------

Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ 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 <u>Livestock pens</u>	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 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? _____ How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>164</u>	<u>4</u>	<u>Neat Cement</u>			
<u>4</u>	<u>0</u>	<u>Dirt</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>12-21-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>205</u> This Water Well Record was completed on (mo/day/yr) <u>12-27-06</u> under the business name of <u>Dingus Well Service</u> by (signature) <u>Clarence Dingus</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.