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|---|--|----------------|---|----------------|----|-----------------|--|----------------|--|---|--|--|--|--|------|--|--|--|--|----|--|--|--|--|--------------------|--|--|--|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number | | Township Number | | Range Number | | | | | | | | | | | | | | | | | | | | | |
| County: Reno | | SW ¼ NW ¼ SE ¼ | | 15 | | T 24 S | | R 10 EW | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? 118 Main, Sylvia, Kansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: Sylvia Coop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR#, St. Address, Box # : 118 N. Main | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, ZIP Code : Sylvia, KS 67581 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 26 ft. ELEVATION: 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Depth(s) Groundwater Encountered 1. 12 ft. 2. 12 ft. 3. 12 ft. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | WELL'S STATIC WATER LEVEL 10.56 ft. below land surface measured on mo/day/yr 8/4/2004 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Pump test data: Well water was NA ft. after NA hours pumping NA gpm | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Est. Yield NA gpm: Well water was NA ft. after NA hours pumping NA gpm | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Bore Hole Diameter 8 in. to 26 ft., and NA in. to NA 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 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> 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 type="checkbox"/> Clamped <input type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <input type="checkbox"/> 7 Fiberglass Threaded <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blank casing diameter 2 in. to 24 ft. Dia. 24 in. to 24 ft. Dia. 24 in. to 24 ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casing height above land surface 0 in., weight 0 lbs./ft. Wall thickness or gauge No. Sch. 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) <input type="checkbox"/> 12 None used (open hole) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 24 ft. to 26 ft. From 24 ft. to 26 ft. From 24 ft. to 26 ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 22 ft. to 26 ft. From 22 ft. to 26 ft. From 22 ft. to 26 ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grout Intervals: From 2 ft. to 22 ft. From 22 ft. to 22 ft. From 22 ft. to 22 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 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) Contaminated site Direction from well? 0 How many feet? 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | LITHOLOGIC LOG | | | | | FROM | | | | | TO | | | | | PLUGGING INTERVALS | | | | |
| 0 | | | | | 5 | | | | | Clay, v. silty, v. sandy, sl. plastic, sl. moist, Dar | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | 15 | | | | | Sand (f-m), v. silty, v. clayey, sl. moist, Brown | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | 21 | | | | | Clay, v. silty, sandy, tr. gravel, saturated, Gra | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | 26 | | | | | Sand (f-c), silty, saturated, Gray/Brown | | | | | | | | | | | | | | | | | | | |
| RECEIVED NOV 22 2004 BUREAU OF WATER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) 8/4/2004 and this record is true to the best of my knowledge and belief. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 9/1/04 under the business name of GeoCore, Inc. by (signature) <i>[Signature]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

OFFICE USE ONLY

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