

|                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                |                |                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|--------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                       |    | Fraction                                                                                                                       | Section Number | Township Number | Range Number       |
| County: <u>Stafford</u>                                                                                                                                                                                                                                                                                                                                         |    | NW 1/4 SW 1/4 NW 1/4                                                                                                           | 10             | T 24 S          | R 12W E/W          |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1W of Stafford, KS.</u>                                                                                                                                                                                                                                   |    |                                                                                                                                |                |                 |                    |
| 2 WATER WELL OWNER: <u>Kevin Sallabedra</u>                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                |                |                 |                    |
| RR#, St. Address, Box # : <u>RR 1, Box 80</u>                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                |                |                 |                    |
| City, State, ZIP Code : <u>Stafford, Ks. 67578</u>                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                |                |                 |                    |
| Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                |                |                 |                    |
| Application Number: <u>unknown</u>                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                |                |                 |                    |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                            |    | 4 DEPTH OF COMPLETED WELL: <u>64</u> ft. ELEVATION: <u>unknown</u>                                                             |                |                 |                    |
|                                                                                                                                                                                                                                                                                 |    | Depth(s) Groundwater Encountered <u>17</u> ft. 2. <u>11-17-97</u> ft. 3. <u>11-17-97</u> ft.                                   |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                 |    | WELL'S STATIC WATER LEVEL <u>17</u> ft. below land surface measured on mo/day/yr                                               |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                 |    | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                                                   |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                 |    | Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                                         |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                 |    | Bore Hole Diameter <u>8</u> in. to <u>64</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 7 Lawn and garden only 10 Monitoring well                                                            |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                 |    | Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____ |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                 |    | Water Well Disinfected? Yes _____ No _____                                                                                     |                |                 |                    |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                |                |                 |                    |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> _____ Clamped _____                                                                                                                                                                                                                                                               |    |                                                                                                                                |                |                 |                    |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____                                                                                                                                                                                                                                                                                        |    |                                                                                                                                |                |                 |                    |
| 3 Fiberglass _____ Threaded _____                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                |                |                 |                    |
| Blank casing diameter <u>5</u> in. to <u>49</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                       |    |                                                                                                                                |                |                 |                    |
| Casing height above land surface <u>12</u> in. weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>                                                                                                                                                                                                                                            |    |                                                                                                                                |                |                 |                    |
| 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) _____                                                                                                                                                                                                                                                                                  |    |                                                                                                                                |                |                 |                    |
| 9 ABS 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) _____                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                |                |                 |                    |
| SCREEN-PERFORATED INTERVALS: From <u>49</u> ft. to <u>64</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                    |    |                                                                                                                                |                |                 |                    |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                |                |                 |                    |
| GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>64</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 4 Other _____                                                                                                                                                                                                                                                                                        |    |                                                                                                                                |                |                 |                    |
| Grout Intervals: From <u>0</u> ft. to <u>20</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 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 _____ barn _____                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                |                |                 |                    |
| Direction from well? <u>West</u> How many feet? <u>63</u>                                                                                                                                                                                                                                                                                                       |    |                                                                                                                                |                |                 |                    |
| FROM                                                                                                                                                                                                                                                                                                                                                            | TO | LITHOLOGIC LOG                                                                                                                 | FROM           | TO              | PLUGGING INTERVALS |
| 0                                                                                                                                                                                                                                                                                                                                                               | 3  | top soil                                                                                                                       |                |                 |                    |
| 3                                                                                                                                                                                                                                                                                                                                                               | 30 | clay                                                                                                                           |                |                 |                    |
| 30                                                                                                                                                                                                                                                                                                                                                              | 45 | fine sand                                                                                                                      |                |                 |                    |
| 45                                                                                                                                                                                                                                                                                                                                                              | 64 | sand and 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>11-17-97</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                             |    |                                                                                                                                |                |                 |                    |
| Water Well Contractor's License No. <u>186</u> This Water Well Record was completed on (mo/day/yr) <u>11-19-97</u>                                                                                                                                                                                                                                              |    |                                                                                                                                |                |                 |                    |
| under the business name of <u>Kelly's Water Well Service, Inc.</u> by (signature) <u>Kathryn R. Good</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. |    |                                                                                                                                |                |                 |                    |