

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                  |                |                                                   |                 |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Fraction                                                                                         | Section Number |                                                   | Township Number | Range Number |
| County: <u>Stafford</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | NW 1/4 NE 1/4 NE 1/4                                                                             | 7              |                                                   | 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>4W of Stafford, Ks.</u>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                  |                |                                                   |                 |              |
| 2 WATER WELL OWNER: <u>Troy Bartlett</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                  |                |                                                   |                 |              |
| RR#, St. Address, Box # : <u>112 W. Stafford</u>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                  |                | Board of Agriculture, Division of Water Resources |                 |              |
| City, State, ZIP Code : <u>Stafford, Ks. 67578</u>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                  |                | Application Number:                               |                 |              |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 4 DEPTH OF COMPLETED WELL <u>110</u> ft. ELEVATION: <u>unknown</u>                               |                |                                                   |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Depth(s) Groundwater Encountered 1 <u>40</u> ft. 2 _____ ft. 3 _____ ft.                         |                |                                                   |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | WELL'S STATIC WATER LEVEL <u>40</u> ft. below land surface measured on mo/day/yr <u>03/30/04</u> |                |                                                   |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                     |                |                                                   |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Est. Yield <u>80</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm           |                |                                                   |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | WELL WATER TO BE USED AS:                                                                        |                |                                                   |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well                  |                |                                                   |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)         |                |                                                   |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 7 Domestic (lawn & garden) 10 Monitoring well                                                    |                |                                                   |                 |              |
| Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                  |                |                                                   |                 |              |
| Blank casing diameter <u>5</u> in. to _____ 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) _____                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                  |                |                                                   |                 |              |
| 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>90</u> ft. to <u>110</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                  |                |                                                   |                 |              |
| GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>110</u> 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 <u>none - in pasture</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                  |                |                                                   |                 |              |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                  |                |                                                   |                 |              |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                  |                |                                                   |                 |              |
| 0 15 top sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                  |                |                                                   |                 |              |
| 15 87 clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                  |                |                                                   |                 |              |
| 87 110 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>03/30/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>186</u> This Water Well Record was completed on (mo/day/yr) <u>03/31/04</u> under the business name of <u>Kelly's Water Well Service, Inc.</u> by (signature) <u>Kathryn A. 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.                                       |  |                                                                                                  |                |                                                   |                 |              |