

| | | | | |
|---------------------------|----------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: KEARNY | SW ¼ NE ¼ NW ¼ | 27 | T 24 S | R 36 E/W |

Distance and direction from nearest town or city street address of well if located within city?
 408 KINGMAN

2 WATER WELL OWNER: EDITH SPENCER
 RR#, St. Address, Box # : 408 KINGMAN Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : LAKIN, KS 67860 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

| | |
|----|----|
| NW | NE |
| SW | SE |

S

4 DEPTH OF COMPLETED WELL: 11 ft. ELEVATION:

Depth(s) Groundwater Encountered 1 DRY ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL 999 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 in. to 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 |
| 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:

| | | | | |
|---------|------------|-------------------|-------------------------|--|
| 1 Steel | 3 RMP (SR) | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued Clamped X |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded |
| | | 7 Fiberglass | | Threaded |

Blank casing diameter 6 in. to ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface 0 in., weight lbs./ft. Wall thickness or gauge No.

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) NA |
| | | | 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 NA | 10 Other (specify) NA | |

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

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

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From 6 ft. to 3 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 | |

Direction from well? EAST How many feet? 20 FEET

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|----------------|------|----|--------------------|
| 11 | 9 | SAND (BUFFER) | | | |
| 9 | 6 | DIRT | | | |
| 6 | 3 | CEMENT GROUT | | | |
| 3 | 0 | DIRT | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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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) MAY 21, 1993 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) 6-7-1993 under the business name of by (signature) Edith A. Spencer

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 T R E W SEC 1/4 1/4 1/4