

| | | | | |
|--------------------------|-----------------------------|----------------|-----------------|-----------------|
| 1 LOCATION OF WATER WELL | Fraction | Section Number | Township Number | Range Number |
| County: Hamilton | SW 1/4 SE 1/4 NE 1/4 | 22 | T 24 S | R 39 E/W |

Distance and direction from nearest town or city? **3/4 N-2W, 1/2 N. Kendall Ks.**
 Street address of well if located within city?

2 WATER WELL OWNER: **Triple R. Farms**
 RR#, St. Address, Box #: **R.F.D.**
 City, State, ZIP Code: **Kendall, Kansas**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: **160** ft. Bore Hole Diameter: **10** in. to **160** ft., and in. to ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering **XX** 12 Other (Specify below) **Livestock well**
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: **90** ft. below land surface measured on month day year
 Pump Test Data: Well water was ft. after hours pumping gpm
 Est. Yield gpm: Well water was ft. after hours pumping gpm

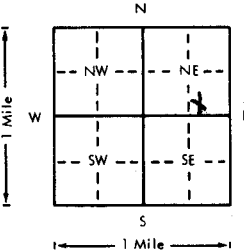
4 TYPE OF BLANK CASING USED:
 1 Steel **XX** 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
 Casing Joints: Glued **XX** Clamped **XX** Welded Threaded
 Blank casing dia: **5** in. to **120** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface: **12-24** in., weight **250PSI** lbs./ft. Wall thickness or gauge No. **325**

TYPE OF SCREEN OR PERFORATION MATERIAL: **XX** PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot **XX** 3 Mill slot 6 Wire wrapped 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia: **5** in. to **160** ft., Dia in. to ft., Dia in. to ft.
 Screen-Perforated Intervals: From **0** ft. to **160** ft., From ft. to ft., From ft. to ft.
 Gravel Pack Intervals: From **60** ft. to **160** ft., From ft. to ft., From ft. to ft.

5 GROUT MATERIAL: **XX** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From **0** ft. to **10** ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination: **None** 10 Fuel storage 14 Abandoned water well
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines
 Direction from well: How many feet? Water Well Disinfected? Yes **XX** No
 Was a chemical/bacteriological sample submitted to Department? Yes No **XX** If yes, date sample was submitted month day year: Pump Installed? Yes No **Windmill** Volts
 If Yes: Pump Manufacturer's name Model No. HP
 Depth of Pump Intake ft. Pumps Capacity rated at gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating **XX** 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **1** month **6** day **81** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **160**
 This Water Well Record was completed on **2** month **10** day **81** year under the business name of **JIM SMITH PUMP SERVICE** by (signature) **Betty Pearce BK Betty Pearce**

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



| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|-----|--------------------|------|----|----------------|
| 0 | 20 | Mix Soil | | | |
| 20 | 80 | Clay W/sand mix | | | |
| 80 | 95 | sand (coarse-fine) | | | |
| 95 | 120 | Clay Shale | | | |
| 120 | 160 | Sandstone 30% | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ELEVATION:

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY