

1 LOCATION OF WATER WELL: County: Peno Fraction: NE 1/4 NE 1/4 NW 1/4 Section Number: 36 Township Number: 24 Range Number: 6 E/W: 6

Distance and direction from nearest town or city street address of well if located within city? 1/2 mile E of 17th & Arlington & Haven Road

2 WATER WELL OWNER: Brain Carey RR#, St. Address, Box #: _____ City, State, ZIP Code: Intehusien KS. 67502

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: 120 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 20 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 11-2-93

Pump test data: Well water was 50 ft. after 2 hours pumping 20 gpm

Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 10 in. to 20 ft., and 5 in. to 120 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: Glued Clamped

2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded

Blank casing diameter 5 in. to 20 ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.

Casing height above land surface 14 in., weight 160 PSI lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ 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 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well

1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well

2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? _____ How many feet? None Vacant Lot

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 8 Gray Shale (Red) _____ _____

8 120 _____ _____

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) 11-2-93 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 440 This Water Well Record was completed on (mo/day/yr) 2-8-94

under the business name of Carl Vincent by (signature) Carl Vincent

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.