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| 1] LOCATION OF WATER WELL:<br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Fraction<br><u>SW ¼ NW ¼ SW ¼</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Section Number<br><u>9</u> | Township Number<br><u>T 25S S</u> | Range Number<br><u>R 3W E/W</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>11313 N. 279th St. West; Mt. Hope</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                   |                                 |
| 2] WATER WELL OWNER: <u>Cecil McCurry</u><br>RR#, St. Address, Box # : <u>11313 N. 279th St. West</u><br>City, State, ZIP Code : <u>Mt. Hope, KS 67108</u><br>Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                   |                                 |
| 3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;">N<br/>- - NW - - NE - -<br/>   <br/>W X SW - - SE - - E<br/>   <br/>S</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4] DEPTH OF COMPLETED WELL ..... <u>40</u> ft. ELEVATION: .....<br>Depth(s) Groundwater Encountered 1 ..... <u>11</u> ft. 2 ..... ft. 3 ..... ft.<br>WELL'S STATIC WATER LEVEL ..... <u>11</u> ft. below land surface measured on mo/day/yr ..... <u>12/4/04</u><br>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm<br>Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br><u>Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> ; If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes <u>X</u> No |                            |                                   |                                 |
| 5] TYPE OF CASING USED:<br>1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued <u>X</u> Clamped .....<br><u>2 PVC</u> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded .....<br>Blank casing diameter ..... <u>5</u> in. to ..... <u>40</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.<br>Casing height above land surface ..... <u>16</u> in., weight ..... <u>160</u> lbs./ft. Wall thickness or gauge No. <u>26</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel      3 Stainless Steel      5 Fiberglass      8 RMP (SR)      10 Asbestos-Cement<br>2 Brass      4 Galvanized Steel      6 Concrete tile      9 ABS      11 Other (Specify) .....<br>12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped      8 Saw cut      11 None (open hole)<br>2 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes<br>2 Torch cut      10 Other (specify) ..... ft.<br>SCREEN-PERFORATED INTERVALS: From ..... <u>30</u> ft. to ..... <u>40</u> ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From ..... <u>24</u> ft. to ..... <u>40</u> ft., From ..... ft. to ..... ft. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                   |                                 |
| 6] GROUT MATERIAL: 1 Neat cement      2 Cement grout <u>3 Bentonite</u> 4 Other .....<br>Grout Intervals: From ..... <u>4</u> ft. to ..... <u>24</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br><u>1 Septic tank</u> 4 Lateral lines      7 Pit privy      10 Livestock pens      14 Abandoned water well<br>2 Sewer lines      5 Cess pool      8 Sewage lagoon      11 Fuel storage      15 Oil well/Gas well<br>3 Watertight sewer lines      6 Seepage pit      9 Feedyard      12 Fertilizer storage      16 Other (specify below)<br>Direction from well? <u>South</u> How many feet? <u>no</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                   |                                 |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | LITHOLOGIC LOG                    | PLUGGING INTERVALS              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            | topsoil                           |                                 |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            | clay                              |                                 |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | sandy clay                        |                                 |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | med-coarse sand                   |                                 |
| 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | coarse 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>12/4/04</u> ..... and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's Licence No ..... <u>601</u> ..... This Water Well Record was completed on (mo/day/yr) ..... <u>1/2/05</u><br>under the business name of <u>Chase Drilling</u> by (signature) <u>P. Chase</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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                   |                                 |