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| 1 LOCATION OF WATER WELL: County: <u>Salisbury</u> Fraction: <u>NW 1/4 NE 1/4 SE 1/4</u> Section Number: <u>24</u> Township Number: <u>26</u> S Range Number: <u>1</u> E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>2703 Key West</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2 WATER WELL OWNER: <u>Mr Walburn</u><br>RR#, St. Address, Box # : <u>2703 Key West</u><br>City, State, ZIP Code : <u>White, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Board of Agriculture, Division of Water Resources<br>Application Number: <u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;"><table border="1" style="margin: auto;"><tr><td colspan="2">N</td></tr><tr><td>- NW -</td><td>- NE -</td></tr><tr><td>W</td><td>E</td></tr><tr><td>- SW -</td><td>- SE -</td></tr><tr><td colspan="2">S</td></tr></table><div style="position: relative; width: 100px; height: 100px; margin: 10px auto;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 40px; font-weight: bold;">X</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N                      |  | - NW - | - NE - | W | E | - SW - | - SE - | S |  | 4 DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION: <u>1300</u><br>Depth(s) Groundwater Encountered: <u>15</u> ft. 2 <u>15</u> ft. 3 <u>10-26-05</u><br>WELL'S STATIC WATER LEVEL: <u>15</u> ft. below land surface measured on mo/day/yr<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:<br>1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well<br>2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br><u>7</u> 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 _____ No <u>X</u> |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| - NW -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - NE -                 |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E                      |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| - SW -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - SE -                 |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____<br><u>2</u> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>7 Fiberglass Threaded _____<br>Blank casing diameter <u>5</u> in. to <u>25</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.<br>Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>160</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 10 Asbestos-Cement<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) _____<br>9 ABS 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes<br>7 Torch cut 10 Other (specify) _____ ft.<br>SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br><u>none</u> |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____<br>Grout Intervals: From <u>0</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 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>13 Insecticide storage _____<br>Direction from well? <u>north</u> How many feet? <u>50</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>0</u> <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Top Soil</u>        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>6</u> <u>21</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Fine tan sand</u>   |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>21</u> <u>35</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Coarse tan sand</u> |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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>10-26-05</u> and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's Licence No <u>472</u> This Water Well Record was completed on (mo/day/yr) <u>10-26-05</u><br>under the business name of <u>Beardley Pumps &amp; Well</u> by (signature) <u>David Beck</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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |  |        |        |   |   |        |        |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |