

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|----------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Fraction <b>NW 1/4 NE 1/4 SE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                    | Section Number <b>19</b> | Township Number <b>T 26 S</b> | Range Number <b>R 1 EW</b> |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>100 zella Maize KS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| 2 WATER WELL OWNER: <b>MARYA Folsom</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                                                                       |                          |                               |                            |
| RR#, St. Address, Box #: <b>100 zella</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | Application Number: <b>NA</b>                                                                                                                                                                                                                                                                                                                                                                           |                          |                               |                            |
| City, State, ZIP Code: <b>MAIZE KS 67101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 4 DEPTH OF <del>WELL</del> WELL: <b>21</b> ft. ELEVATION:                                                                                                                                                                                                                                                                                                                                               |                          |                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.                                                                                                                                                                                                                                                                                                                                    |                          |                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | WELL'S STATIC WATER LEVEL <b>16</b> ft. below land surface measured on mo/day/yr <b>1-9-86</b>                                                                                                                                                                                                                                                                                                          |                          |                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | 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 <del>WAS</del> USED AS:                                                                                                                                                                                                                                                                                                                                                                      |                          |                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)<br><input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well |                          |                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                                                                  |                          |                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | Water Well Disinfected? Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                      |                          |                               |                            |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | CASING JOINTS: Glued ..... Clamped .....                                                                                                                                                                                                                                                                                                                                                                |                          |                               |                            |
| <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR)<br><input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 11 Injection well<br><input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 10 Observation well <input type="checkbox"/> 12 Other (Specify below)                                                                               |                          |                               |                            |
| Blank casing diameter <b>6</b> in. to <b>?</b> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| Casing height <b>below</b> land surface <b>- 3 ft</b> in., weight ..... lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) .....<br><input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)<br><input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 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: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well<br><input checked="" type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well<br><input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| Direction from well? <b>West</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | How many feet? <b>27 ft</b>                                                                                                                                                                                                                                                                                                                                                                             |                          |                               |                            |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                          |                          | FROM                          | TO                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | Upon locating current Well to be reconstructed,<br>We found an abandon well <sup>3 ft underground</sup> that had not been<br>plugged. We measured and found it to be 21 ft<br>deep with 5 ft of water. We filled well to within<br>3 ft of <sup>top</sup> casing with Bentonite clay & the top<br>3 ft with cement & covered with compacted<br>top soil (clay loam) (0-3 ft.)                           |                          |                               |                            |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>1-9-86</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>295</b> This Water Well Record was completed on (mo/day/yr) <b>1-9-86</b> under the business name of <b>Protheroe Pump &amp; Well</b> by (signature) <i>Alen...</i>                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |
| 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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                               |                            |

OFFICE USE ONLY

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