

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                                                  |                |                 |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------|-----------------|----------------|
| <b>LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    | Fraction                                                                         | Section Number | Township Number | Range Number   |
| County: Pratt                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    | E/2 <del>N</del> SE 1/4 SW 1/4                                                   | 22             | T 26 S          | R 13 E/W       |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                                                  |                |                 |                |
| Three miles north of Iuka                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                                                                  |                |                 |                |
| <b>WATER WELL OWNER:</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | Board of Agriculture, Division of Water Resources                                |                |                 |                |
| RR#, St. Address, Box # : R.R. 1 Box 183 B                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    | Application Number: T85-992                                                      |                |                 |                |
| City, State, ZIP Code : Great Bend, Kansas 67530                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                  |                |                 |                |
| <b>LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>DEPTH OF COMPLETED WELL</b> 90' ft. <b>ELEVATION:</b> 1946                      |                                                                                  |                |                 |                |
| <p>1 Mile</p>                                                                                                                                                                                                                                                                                                                                                                                                                                      | Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.               |                                                                                  |                |                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr       |                                                                                  |                |                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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 TO BE USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                                                                  |                |                 |                |
| 1 Domestic      3 Feedlot <u>6 Oil field water supply</u> 9 Dewatering      12 Other (Specify below)<br>2 Irrigation    4 Industrial    7 Lawn and garden only    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 No                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                                                  |                |                 |                |
| <b>TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    | <b>CASING JOINTS:</b> Glued ..... Clamped .....                                  |                |                 |                |
| 1 Steel                  3 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | 5 Wrought iron                  8 Concrete tile                                  |                |                 |                |
| <u>2 PVC</u> 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | 6 Asbestos-Cement              9 Other (specify below)              Welded ..... |                |                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    | 7 Fiberglass                      Threaded .....                                 |                |                 |                |
| Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                               |                                                                                    |                                                                                  |                |                 |                |
| Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                  |                |                 |                |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                                                  |                |                 |                |
| 1 Steel                  3 Stainless steel                  5 Fiberglass                  8 RMP (SR)                  11 Other (specify) .....                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                                                  |                |                 |                |
| 2 Brass                 4 Galvanized steel                6 Concrete tile                9 ABS                          12 None used (open hole)                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                  |                |                 |                |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                                                                  |                |                 |                |
| 1 Continuous slot                  3 Mill slot                          5 Gauzed wrapped                  8 Saw cut                          11 None (open hole)                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                  |                |                 |                |
| 2 Louvered shutter                4 Key punched                      6 Wire wrapped                      9 Drilled holes                                                                                                                                                                                                                                                                                                                           |                                                                                    |                                                                                  |                |                 |                |
| 3 Torch cut                          10 Other (specify) .....                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                                                                  |                |                 |                |
| <b>SCREEN-PERFORATED INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                                                                  |                |                 |                |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    |                                                                                  |                |                 |                |
| <b>GRAVEL PACK INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                                                                  |                |                 |                |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    |                                                                                  |                |                 |                |
| <b>GROUT MATERIAL:</b> 1 Neat cement                  2 Cement grout                  3 Bentonite                  4 Other .....                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                  |                |                 |                |
| Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                                                                  |                |                 |                |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                                                                  |                |                 |                |
| 1 Septic tank                  4 Lateral lines                  7 Pit privy                          10 Livestock pens                  14 Abandoned water well                                                                                                                                                                                                                                                                                    |                                                                                    |                                                                                  |                |                 |                |
| 2 Sewer lines                  5 Cess pool                          8 Sewage lagoon                  11 Fuel storage                      15 Oil well/Gas well                                                                                                                                                                                                                                                                                     |                                                                                    |                                                                                  |                |                 |                |
| 3 Watertight sewer lines    6 Seepage pit                      9 Feedyard                          12 Fertilizer storage                16 Other (specify below)                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                  |                |                 |                |
| 13 Insecticide storage .....                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                                                                  |                |                 |                |
| Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                  |                |                 |                |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                               | TO                                                                                 | LITHOLOGIC LOG                                                                   | FROM           | TO              | LITHOLOGIC LOG |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    | Water well plugged with 5 sx. cement and Halliburton slurry. 1/2 sack hulls      |                |                 |                |
| <b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 11-24-85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) 12-24-85 under the business name of L. D. Drilling, Inc. by (signature) [Signature] |                                                                                    |                                                                                  |                |                 |                |
| 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.                                                                               |                                                                                    |                                                                                  |                |                 |                |