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|---|--------|----------------|----------------|-----------------|--------------|--|--|--|--|--|---|--------|---|---|--------|---|--|--|--|--|--|---|--------|---|--------|---|--|--|--|--|--|--|--|---|--|--|--|
| 1 LOCATION OF WATER WELL:   |        | Fraction       | Section Number | Township Number | Range Number |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
| County: Edwards   |        | NE ¼ NE ¼ NE ¼ | 14             | T 26 S          | R 19 E/W     |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br>4 3/4 West, 1 3/4 <del>SW</del> <del>KXX</del> Centerview South of Centerview  |        |                |                |                 |              |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
| 2 WATER WELL OWNER: Jim Katz<br>RR#, St. Address, Box # : RR<br>City, State, ZIP Code : Lewis, Ks. 67552<br><div style="text-align: right;">Board of Agriculture, Division of Water Resources<br/>Application Number:</div>   |        |                |                |                 |              |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH IN "X" IN SECTION BOX:<br><div style="text-align: center; margin-top: 10px;"><table border="1" style="margin-left: auto; margin-right: auto;"><tr><td colspan="2"></td><td>N</td><td colspan="2"></td></tr><tr><td></td><td> </td><td> </td><td> </td><td>X</td></tr><tr><td>- NW -</td><td>-</td><td>-</td><td>- NE -</td><td>-</td></tr><tr><td></td><td> </td><td> </td><td> </td><td></td></tr><tr><td>W</td><td>- SW -</td><td>-</td><td>- SE -</td><td>E</td></tr><tr><td></td><td> </td><td> </td><td> </td><td></td></tr><tr><td colspan="2"></td><td>S</td><td colspan="2"></td></tr></table></div>  |        |                |                | N               |              |  |  |  |  |  | X | - NW - | - | - | - NE - | - |  |  |  |  |  | W | - SW - | - | - SE - | E |  |  |  |  |  |  |  | S |  |  | 4 DEPTH OF COMPLETED WELL .....76..... ft. ELEVATION: .....<br>Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.<br>WELL'S STATIC WATER LEVEL .....42..... ft. below land surface measured on mo/day/yr 11-24-03<br>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm<br>Est. Yield N/A ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Stock<br><div style="text-align: right;">Was a chemical/bacteriological sample submitted to Department? Yes ..... No ...X....; If yes, mo/day/yrs sample was submitted<br/>Water Well Disinfected? Yes HTH No</div> |
|   |        | N              |                |                 |              |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
|   |        |                |                | X               |              |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
| - NW -  | -      | -              | - NE -         | -               |              |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
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| W   | - SW - | -              | - SE -         | E               |              |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
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|   |        | S              |                |                 |              |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..X.... Clamped .....<br>2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....<br>Blank casing diameter .....5..... in. to 66..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.<br>Casing height above land surface .....24..... in., weight SDR-26..... lbs./ft. Wall thickness or guage No. ....<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>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Guazed 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 .....76..... ft. to .....66..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From .....76..... ft. to .....20..... ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.   |        |                |                |                 |              |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....hole plug.....<br>Grout Intervals: From .....20..... ft. to .....0..... 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>Direction from well? How many feet? 13 Insecticide storage .....None.....<br>FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS<br>0 3 XX Sandy top soil<br>3 18 Brown clay<br>18 47 Sand & gravel sm,med,loose<br>47 54 Tan clay<br>54 76 Sand & gravel clean,med,XX loose<br>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .....11-24-03..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No .....134..... This Water Well Record was completed on (mo/day/yr) .....12-9-03..... under the business name of Rosencrantz-Bemis by (signature) [Signature]<br>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. |        |                |                |                 |              |  |  |  |  |  |   |        |   |   |        |   |  |  |  |  |  |   |        |   |        |   |  |  |  |  |  |  |  |   |  |  |  |