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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|-----------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | Fraction                                                                                                                                                                                                                                                                  | Section Number | Township Number                                   | Range Number          |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | <u>SE 1/4 NE 1/4 NE 1/4</u>                                                                                                                                                                                                                                               | <u>21</u>      | T <u>26</u> S                                     | R <u>2</u> E <u>W</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>636 Hemmen Terrace</u>                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| 2 WATER WELL OWNER: <u>Debbie Moeder</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| RR#, St. Address, Box # : <u>636 Hemmen Terrace</u>                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                           |                | Board of Agriculture, Division of Water Resources |                       |
| City, State, ZIP Code : <u>Colwich, KS 67030</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                           |                | Application Number:                               |                       |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                           |    | 4 DEPTH OF COMPLETED WELL <u>69</u> ft. ELEVATION:                                                                                                                                                                                                                        |                |                                                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | Depth(s) Groundwater Encountered <u>1</u> ft. 2 _____ ft. 3 _____ ft.                                                                                                                                                                                                     |                |                                                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | WELL'S STATIC WATER LEVEL <u>28</u> ft. below land surface measured on mo/day/yr _____                                                                                                                                                                                    |                |                                                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                                                                                              |                |                                                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | Est. Yield <u>40</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                                                                                    |                |                                                   |                       |
| 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 |                |                                                   |                       |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes <u>X</u> No _____                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| 1 Steel      3 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 5 Wrought iron                                                                                                                                                                                                                                                            |                | 8 Concrete tile                                   |                       |
| 2 PVC      4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    | 6 Asbestos-Cement                                                                                                                                                                                                                                                         |                | 9 Other (specify below)                           |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | 7 Fiberglass                                                                                                                                                                                                                                                              |                | CASING JOINTS: Glued <u>X</u> Clamped _____       |                       |
| Blank casing diameter <u>5 1/2</u> in. to <u>5 9</u> ft., Dia _____                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                           |                | Welded _____                                      |                       |
| Casing height above land surface <u>12</u> in., weight <u>2.14</u> lbs./ft. Wall thickness or gauge No. <u>160 PSI</u>                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                           |                | Threaded _____                                    |                       |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| 1 Steel      3 Stainless Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 5 Fiberglass                                                                                                                                                                                                                                                              |                | 8 RMP (SR)                                        |                       |
| 2 Brass      4 Galvanized Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | 6 Concrete tile                                                                                                                                                                                                                                                           |                | 9 ABS                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 10 Asbestos-Cement                                |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 11 Other (Specify) _____                          |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 12 None used (open hole)                          |                       |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| 1 Continuous slot                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | 3 Mill slot                                                                                                                                                                                                                                                               |                | 5 Guazed wrapped                                  |                       |
| 2 Louvered shutter                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | 4 Key punched                                                                                                                                                                                                                                                             |                | 6 Wire wrapped                                    |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 7 Torch cut                                       |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 8 Saw cut                                         |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 9 Drilled holes                                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 10 Other (specify) _____                          |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 11 None (open hole)                               |                       |
| SCREEN-PERFORATED INTERVALS: From <u>59</u> ft. to <u>69</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| GRAVEL PACK INTERVALS: From <u>28</u> ft. to <u>69</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| 6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other _____                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| Grout Intervals: From <u>1</u> ft. to <u>28</u> 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                                       |                       |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | 5 Cess pool                                                                                                                                                                                                                                                               |                | 8 Sewage lagoon                                   |                       |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    | 6 Seepage pit                                                                                                                                                                                                                                                             |                | 9 Feedyard                                        |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 10 Livestock pens                                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 11 Fuel storage                                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 12 Fertilizer storage                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 13 Insecticide storage                            |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 14 Abandoned water well                           |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 15 Oil well/Gas well                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                           |                | 16 Other (specify below)                          |                       |
| Direction from well? <u>South</u> How many feet? <u>40</u>                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                            | FROM           | TO                                                | PLUGGING INTERVALS    |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3  | Top Soil                                                                                                                                                                                                                                                                  |                |                                                   |                       |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 28 | Clay                                                                                                                                                                                                                                                                      |                |                                                   |                       |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 48 | Fine Sand                                                                                                                                                                                                                                                                 |                |                                                   |                       |
| 48                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 69 | Med Sand                                                                                                                                                                                                                                                                  |                |                                                   |                       |
| 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>4-24-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>#740</u> This Water Well Record was completed on (mo/day/yr) <u>4-5-05</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>[Signature]</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.                       |    |                                                                                                                                                                                                                                                                           |                |                                                   |                       |