

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                            |                    |                 |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Fracture                                                                                                                                                   | Section Number     | Township Number | Range Number         |
| County <u>Seagovick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | <u>NW 1/4 NW 1/4 SE 1/4</u>                                                                                                                                | <u>16</u>          | T <u>26</u> S   | R <u>20</u> <u>W</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>See Below</u>                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                            |                    |                 |                      |
| 2 WATER WELL OWNER: <u>Sylvester BRAND</u>                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                            |                    |                 |                      |
| RR#, St. Address, Box # : <u>102 So. Brooksides 67030</u>                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                            |                    |                 |                      |
| City, State, ZIP Code : <u>COVICH</u> Board of Agriculture, Division of Water Resources Application Number:                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                            |                    |                 |                      |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                   |    | 4 DEPTH OF COMPLETED WELL: <u>65</u> ft. ELEVATION: _____                                                                                                  |                    |                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Depth(s) Groundwater Encountered 1. <u>29</u> ft. 2. _____ ft. 3. _____ ft.                                                                                |                    |                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | WELL'S STATIC WATER LEVEL <u>29</u> ft. below land surface measured on mo/day/yr <u>7-10-91</u>                                                            |                    |                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Pump test data: Well water was <u>29</u> ft. after <u>1/2</u> hours pumping <u>20</u> gpm                                                                  |                    |                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Est. Yield <u>60</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm                                                                      |                    |                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Bore Hole Diameter <u>11</u> in. to <u>65</u> ft. and _____ in. to _____ ft.                                                                               |                    |                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | WELL WATER TO BE USED AS:                                                                                                                                  |                    |                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well |                    |                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____                          |                    |                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 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 CASING JOINTS: Glued <u>X</u> Clamped _____<br>2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>7 Fiberglass Threaded _____                                                                                                                                                                                                                                                                     |    |                                                                                                                                                            |                    |                 |                      |
| Blank casing diameter <u>5</u> in. to <u>60</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                            |                    |                 |                      |
| Casing height above land surface <u>12</u> in. weight <u>2-60</u> lbs./ft. Wall thickness or gauge No. <u>160 PVC</u>                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                            |                    |                 |                      |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                            |                    |                 |                      |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                            |                    |                 |                      |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                            |                    |                 |                      |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                            |                    |                 |                      |
| SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                            |                    |                 |                      |
| GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                            |                    |                 |                      |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                            |                    |                 |                      |
| 1 Neat cement 2 Cement grout 3 Bentonite 4 Other<br>Grout intervals: From <u>3</u> ft. to <u>23</u> 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<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)                                                                                                                                                                                              |    |                                                                                                                                                            |                    |                 |                      |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                            |                    |                 |                      |
| LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                            | PLUGGING INTERVALS |                 |                      |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO |                                                                                                                                                            | FROM               | TO              |                      |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2  | Top soi                                                                                                                                                    |                    |                 |                      |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 19 | Clay                                                                                                                                                       |                    |                 |                      |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 34 | fine SAND                                                                                                                                                  |                    |                 |                      |
| 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 37 | Clay                                                                                                                                                       |                    |                 |                      |
| 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 65 | fine to 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>7-10-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>7-19-91</u> under the business name of <u>Wenger, Dwyer</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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.                                                                                                        |    |                                                                                                                                                            |                    |                 |                      |

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