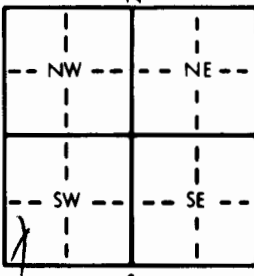


| | | | | | |
|--|------------|---|----------------|-------------------------------|----------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: <u>PEARNE</u> | | <u>SW 1/4 SW 1/4 SW 1/4</u> | <u>8</u> | T <u>26</u> S <u>38</u> E (W) | |
| Distance and direction from nearest town or city street address of well if located within city? <u>From Lakin 13W-8S-1N</u> | | | | | |
| 2 WATER WELL OWNER: <u>Steve Edgington</u> | | | | | |
| RR#, St. Address, Box #: <u>Rt. 3 Box 68</u> | | | | | |
| City, State, ZIP Code: <u>WYSSIE KS. 67880</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>575</u> ft. ELEVATION: | | | |
|  | | Depth(s) Groundwater Encountered 1. <u>455</u> 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 <u>50</u> gpm: Well water was ft. after hours pumping gpm | | | |
| | | Bore Hole Diameter: <u>7/8</u> in. to <u>575</u> ft., and in. to ft. | | | |
| | | WELL WATER TO BE USED AS: | | | |
| | | 5 Public water supply 8 Air conditioning 11 Injection well | | | |
| | | <input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | |
| | | 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well | | | |
| | | Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted | | | |
| | | Water Well Disinfected? Yes <input checked="" type="checkbox"/> No | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Clamped</u> Clamped | | | | | |
| <input checked="" type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | |
| Blank casing diameter <u>5</u> in. to <u>450</u> ft., Dia. in. to ft., Dia. in. to ft. | | | | | |
| Casing height above land surface <u>12</u> in., weight lbs./ft. Wall thickness or gauge No. <u>Sch 40</u> | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 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) | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="radio"/> 8 Saw cut 11 None (open hole) | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes | | | | | |
| 7 Torch cut 10 Other (specify) | | | | | |
| SCREEN-PERFORATED INTERVALS: From <u>450</u> ft. to <u>575</u> ft., From ft. to ft. | | | | | |
| From ft. to ft., From ft. to ft. | | | | | |
| GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>575</u> ft., From ft. to ft. | | | | | |
| From ft. to ft., From ft. to ft. | | | | | |
| 6 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | |
| Grout Intervals: From <u>0</u> ft. to <u>20</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 <input checked="" type="radio"/> 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? <u>South East</u> How many feet? <u>300</u> | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
| <u>0</u> | <u>30</u> | <u>Overburden & clay</u> | | | |
| <u>30</u> | <u>203</u> | <u>clay & sand strips</u> | | | |
| <u>203</u> | <u>455</u> | <u>Blue shale</u> | | | |
| <u>455</u> | <u>575</u> | <u>Dakota sand w/shale lenses</u> | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>July 15, 87</u> and this record is true to the best of my knowledge and belief. Kansas | | | | | |
| Water Well Contractor's License No. <u>309</u> This Water Well Record was completed on (mo/day/yr) <u>July 30, 87</u> | | | | | |
| under the business name of <u>Fulton & Bully</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 correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records. | | | | | |

OFFICE USE ONLY

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