

1 LOCATION OF WATER WELL: County: <u>Kiowa</u>	Fraction $\frac{1}{4}$ <u>C</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	Section Number <u>29</u>	Township Number T <u>27</u> S	Range Number R <u>16w</u> E/W
--	---	--------------------------	-------------------------------	-------------------------------

Distance and direction from nearest town or city street address of well if located within city?

N of Haviland, KS

2 WATER WELL OWNER: <u>Helen MacKay Trust</u>	<u>Vincent Oil Corporation</u>	<u>MacKay Trust #1-29</u>
RR#, St. Address, Box #: <u>c/o Commerce Bank</u>	<u>125 N. Market, Suite 1075</u>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code: <u>Wichita, KS 67201-0637</u>	<u>Wichita, KS 67202</u>	Application Number: <u>20050103</u>

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>130</u> ft. ELEVATION: <u>unknown</u>
--	--

Depth(s) Groundwater Encountered 60 ft. 2 ..... ft. 3 ..... ft.

WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr ... 04/15/05 .....

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield ..... 60 ..... 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

1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No .....; If yes, mo/day/yr sample was submitted  
Water Well Disinfected? Yes ..... No

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> ..... Clamped .....
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) .....
<u>2 PVC</u>	4 ABS	7 Fiberglass	..... Welded .....
Blank casing diameter ..... <u>5</u> ..... in. to <u>110</u> ..... ft., Dia	..... in. to .....	..... in. to .....	..... Threaded .....
Casing height above land surface ..... <u>12</u> ..... in., weight <u>2.8</u> ..... lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>	.....	.....	.....

TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-Cement
1 Steel	3 Stainless Steel	8 RMP (SR)
2 Brass	4 Galvanized Steel	9 ABS
5 Fiberglass	6 Concrete tile	11 Other (Specify) .....
.....	.....	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From <u>110</u> ft. to <u>130</u> ft., From ..... ft. to ..... ft.	From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>130</u> ft., From ..... ft. to ..... ft.	From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other .....
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From ..... ft. to ..... ft.	From ..... ft. to ..... ft., From ..... ft. to ..... ft.	From ..... ft. to ..... ft., 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	<u>16 Other (specify below)</u>
.....	.....	.....	13 Insecticide storage	.....

Direction from well? East How many feet? 135

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>10</u>	<u>top sand</u>			
<u>10</u>	<u>60</u>	<u>clay</u>			
<u>60</u>	<u>130</u>	<u>sand and gravel, small clay streaks</u>			

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) ..... 04/15/05 ..... and this record is true to the best of my knowledge and belief. Kansas Well Contractor's Licence No ..... 186 ..... This Water Well Record was completed on (mo/day/yr) ..... 04/28/05 ..... by the business name of Kelly's Water Well Service, Inc. by (signature) Kathryn L. Good

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.