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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--------------------------------------------------------------------------|--|-----------------------|--|--------------------|--|
| 1 LOCATION OF WATER WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Fraction <u>NE 1/4 SE 1/4 E 1/4</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Section Number <u>24</u> |  | Township Number <u>27</u>                                                |  | Range Number <u>2</u> |  |                    |  |
| County <u>Shagwichee</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| Distance and direction from nearest town or city street address of well if located within city? <u>17331 Meribeaum Ct.</u>                                                                                                                                                                                                                                                                                                                                                     |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| 2 WATER WELL OWNER: <u>Bill Edwards</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| RR#, St. Address, Box # :<br>City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  | Board of Agriculture, Division of Water Resources<br>Application Number: |  |                       |  |                    |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                     | 4 DEPTH OF COMPLETED WELL <u>66</u> ft. ELEVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |  |                                                                          |  |                       |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                     | Depth(s) Groundwater Encountered <u>1</u> ft. 2 ..... ft. 3 ..... ft.<br>WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>3-10-04</u><br>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm<br>Est. Yield <u>30</u> 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 <u>(7) Domestic (lawn &amp; garden)</u> 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 ..... Clamped .....                                 |  |                       |  |                    |  |
| 2 PVC 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                     | 6 Asbestos-Cement 9 Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |  | Welded .....                                                             |  |                       |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                     | 7 Fiberglass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |  | Threaded .....                                                           |  |                       |  |                    |  |
| Blank casing diameter <u>5</u> in. to <u>59</u> ft., Dia. <u>240</u> in. to ..... ft., Dia. <u>160</u> psi                                                                                                                                                                                                                                                                                                                                                                     |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. <u>160</u>                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                     | 8 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |  | 10 Asbestos-Cement                                                       |  |                       |  |                    |  |
| 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  | 11 Other (Specify) .....                                                 |  |                       |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  | 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)                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                     | 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |  |                                                                          |  |                       |  |                    |  |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| SCREEN-PERFORATED INTERVALS: From <u>59</u> ft. to <u>66</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| GRAVEL PACK INTERVALS: From <u>12</u> ft. to <u>66</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                        |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| Grout Intervals: From <u>3</u> ft. to <u>12</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 10 Livestock pens 14 Abandoned water well                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     | 11 Fuel storage 15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |  |                                                                          |  |                       |  |                    |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     | 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |  |                                                                          |  |                       |  |                    |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| Direction from well? <u>North</u> How many feet? <u>60</u>                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | TO                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LITHOLOGIC LOG           |  | FROM                                                                     |  | TO                    |  | PLUGGING INTERVALS |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | topsoil                  |  |                                                                          |  |                       |  |                    |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 13                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | clay                     |  |                                                                          |  |                       |  |                    |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 21                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | fine sand                |  |                                                                          |  |                       |  |                    |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 36                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | med sand                 |  |                                                                          |  |                       |  |                    |  |
| 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 51                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | fine to med sand         |  |                                                                          |  |                       |  |                    |  |
| 51                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 66                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | med/coarse 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>3-10-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>3-10-04</u> under the business name of <u>Wenger Drilling Inc</u> by (signature) <u>Lichelle Gorgs</u> |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |                                                                          |  |                       |  |                    |  |