

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|----------------|------|----|----------------|------|----|----------------|---|---|----------|--|--|--|---|----|----------|--|--|--|----|----|------------|--|--|--|----|----|----------------|--|--|--|
| 1 LOCATION OF WATER WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Fraction                                                                                                                                                                                                                                                                                                                                                                                                                                | Section Number                                 | Township Number | Range Number   |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| County: <u>Sg</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | <u>SW</u> 1/4 <u>SW</u> 1/4 <u>NW</u> 1/4                                                                                                                                                                                                                                                                                                                                                                                               | <u>34</u>                                      | T <u>29</u> S   | R <u>2</u> EW  |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Distance and direction from nearest town or city?<br><u>2 East of Goddard</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         | Street address of well if located within city? |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box # : <u>1755 So 151st West</u><br>City, State, ZIP Code : <u>Goddard 67032</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 3 DEPTH OF COMPLETED WELL: <u>36</u> ft. Bore Hole Diameter: <u>11</u> in. to . . . . . ft. and . . . . . in. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Well Water to be used as:<br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)<br><input type="checkbox"/> Observation well                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Well's static water level: <u>15</u> ft. below land surface measured on . . . . . month <u>12</u> day <u>80</u> year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Pump Test Data:<br>Est. Yield <u>20/25</u> gpm: Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm<br>Well water was <u>20</u> ft. after <u>1/2</u> hours pumping. . . . . <u>15</u> gpm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 4 TYPE OF BLANK CASING USED:<br><input type="checkbox"/> Steel <input checked="" type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought iron <input type="checkbox"/> Concrete tile    Casing Joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped<br><input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Welded<br><input type="checkbox"/> Fiberglass <input type="checkbox"/> Threaded                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Blank casing dia. <u>5</u> in. to <u>13 3/4</u> ft. Dia. . . . . in. to . . . . . ft. Dia. . . . . in. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Casing height above land surface: <u>12</u> in., weight <u>150</u> lbs./ft. Wall thickness or gauge No. <u>280</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> RMP (SR) <input type="checkbox"/> Asbestos-cement<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> ABS <input type="checkbox"/> Other (specify) . . . . .<br><input type="checkbox"/> None used (open hole)                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Screen or Perforation Openings Are:<br><input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauzed wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> None (open hole)<br><input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Drilled holes<br><input type="checkbox"/> Torch cut <input type="checkbox"/> Other (specify) . . . . .                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Screen-Perforation Dia. <u>5</u> in. to . . . . . ft. Dia. . . . . in. to . . . . . ft. Dia. . . . . in. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Screen-Perforated Intervals: From <u>21</u> ft. to <u>36</u> ft. From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Gravel Pack Intervals: From <u>13</u> ft. to <u>36</u> ft. From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 5 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Grouted Intervals: From <u>3</u> ft. to <u>13</u> ft. From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| What is the nearest source of possible contamination:<br><input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Cess pool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well<br><input type="checkbox"/> Sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feed yard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/Gas well<br><input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)<br><input type="checkbox"/> Watertight sewer lines |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Direction from well: <u>NE</u> How many feet: <u>100</u> ? Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| If Yes: Pump Manufacturer's name: <u>McDonald</u> Model No. <u>1808</u> HP <u>3/4</u> Volts <u>220</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Depth of Pump Intake: <u>26</u> ft. Pumps Capacity rated at <u>12 gpm</u> gal./min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Type of pump: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Centrifugal <input type="checkbox"/> Reciprocating <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on . . . . . month <u>5</u> day <u>12</u> year <u>80</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 . . . . . month <u>29</u> day <u>80</u> year under the business name of <u>Wm. J. Dilling</u> by (signature) <u>Wm. J. Dilling</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | <table><tr><td>FROM</td><td>TO</td><td>LITHOLOGIC LOG</td><td>FROM</td><td>TO</td><td>LITHOLOGIC LOG</td></tr><tr><td>0</td><td>2</td><td>Top Soil</td><td></td><td></td><td></td></tr><tr><td>2</td><td>13</td><td>Red Clay</td><td></td><td></td><td></td></tr><tr><td>13</td><td>18</td><td>Med gravel</td><td></td><td></td><td></td></tr><tr><td>18</td><td>37</td><td>Charcoal Shale</td><td></td><td></td><td></td></tr></table> |                                                |                 |                | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG | 0 | 2 | Top Soil |  |  |  | 2 | 13 | Red Clay |  |  |  | 13 | 18 | Med gravel |  |  |  | 18 | 37 | Charcoal Shale |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                          | FROM                                           | TO              | LITHOLOGIC LOG |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2  | Top Soil                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13 | Red Clay                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18 | Med gravel                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 37 | Charcoal Shale                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| ELEVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft. 4. . . . . ft. (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |
| 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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                 |                |      |    |                |      |    |                |   |   |          |  |  |  |   |    |          |  |  |  |    |    |            |  |  |  |    |    |                |  |  |  |