

|                                                                                                                                                   |  |                               |                                                |                                                             |               |    |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|------------------------------------------------|-------------------------------------------------------------|---------------|----|----------------|
| 1 LOCATION OF WATER WELL                                                                                                                          |  | Fraction                      | Section Number                                 | Township Number                                             | Range Number  |    |                |
| County: <b>Sg</b>                                                                                                                                 |  | <b>NE 1/4 NE 1/4 SE 1/4</b>   | <b>34</b>                                      | <b>T 27 S</b>                                               | <b>R 2 EW</b> |    |                |
| Distance and direction from nearest town or city?                                                                                                 |  |                               | Street address of well if located within city? |                                                             |               |    |                |
|                                                                                                                                                   |  |                               | <b>15225 Hi View Dr, Goddard</b>               |                                                             |               |    |                |
| 2 WATER WELL OWNER: <b>VAN Donkey</b>                                                                                                             |  |                               |                                                |                                                             |               |    |                |
| RR#, St. Address, Box #: <b>15225 Hi View Dr</b>                                                                                                  |  |                               |                                                | Board of Agriculture, Division of Water Resources           |               |    |                |
| City, State, ZIP Code: <b>Goddard 670</b>                                                                                                         |  |                               |                                                | Application Number:                                         |               |    |                |
| 3 DEPTH OF COMPLETED WELL: <b>76</b> ft. Bore Hole Diameter: <b>1 1/2</b> in. to ... in. to ... ft.                                               |  |                               |                                                |                                                             |               |    |                |
| Well Water to be used as:                                                                                                                         |  |                               |                                                |                                                             |               |    |                |
| 1 Domestic                                                                                                                                        |  | 3 Feedlot                     |                                                | 5 Public water supply                                       |               |    |                |
| 2 Irrigation                                                                                                                                      |  | 4 Industrial                  |                                                | 6 Oil field water supply                                    |               |    |                |
|                                                                                                                                                   |  | <b>7 Lawn and garden only</b> |                                                | 8 Air conditioning                                          |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 9 Dewatering                                                |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 10 Observation well                                         |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 11 Injection well                                           |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 12 Other (Specify below)                                    |               |    |                |
| Well's static water level: <b>16</b> ft. below land surface measured on ... month <b>20</b> day <b>80</b> year                                    |  |                               |                                                |                                                             |               |    |                |
| Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm                                                                            |  |                               |                                                |                                                             |               |    |                |
| Est. Yield: <b>20</b> gpm: Well water was <b>30</b> ft. after <b>1/2</b> hours pumping <b>15</b> gpm                                              |  |                               |                                                |                                                             |               |    |                |
| 4 TYPE OF BLANK CASING USED:                                                                                                                      |  |                               |                                                |                                                             |               |    |                |
| 1 Steel                                                                                                                                           |  | 3 BWP (SR)                    |                                                | 5 Wrought iron                                              |               |    |                |
| 2 PVC                                                                                                                                             |  | 4 ABS                         |                                                | 6 Asbestos-Cement                                           |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 7 Fiberglass                                                |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 8 Concrete tile                                             |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 9 Other (specify below)                                     |               |    |                |
|                                                                                                                                                   |  |                               |                                                | Casing Joints: <b>slued</b> Clamped                         |               |    |                |
|                                                                                                                                                   |  |                               |                                                | Welded                                                      |               |    |                |
|                                                                                                                                                   |  |                               |                                                | Threaded                                                    |               |    |                |
| Blank casing dia: <b>5</b> in. to <b>16</b> ft. Dia: ... in. to ... ft. Dia: ... in. to ... ft.                                                   |  |                               |                                                |                                                             |               |    |                |
| Casing height above land surface: <b>1.2</b> in. weight <b>1.50</b> lbs./ft. Wall thickness or gauge No: <b>200</b>                               |  |                               |                                                |                                                             |               |    |                |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                           |  |                               |                                                |                                                             |               |    |                |
| 1 Steel                                                                                                                                           |  | 3 Stainless steel             |                                                | 5 Fiberglass                                                |               |    |                |
| 2 Brass                                                                                                                                           |  | 4 Galvanized steel            |                                                | 6 Concrete tile                                             |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 7 PVC                                                       |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 8 BWP (SR)                                                  |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 10 Asbestos-cement                                          |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 11 Other (specify)                                          |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 12 None used (open hole)                                    |               |    |                |
| Screen or Perforation Openings Are:                                                                                                               |  |                               |                                                |                                                             |               |    |                |
| 1 Continuous slot                                                                                                                                 |  | <b>3 Mill slot</b>            |                                                | 5 Gauzed wrapped                                            |               |    |                |
| 2 Louvered shutter                                                                                                                                |  | 4 Key punched                 |                                                | 6 Wire wrapped                                              |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 7 Torch cut                                                 |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 8 Saw cut                                                   |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 11 None (open hole)                                         |               |    |                |
| Screen-Perforation Dia: <b>5</b> in. to ... ft. Dia: ... in. to ... ft. Dia: ... in. to ... ft.                                                   |  |                               |                                                |                                                             |               |    |                |
| Screen-Perforated Intervals: From <b>16</b> ft. to <b>76</b> ft. From ... ft. to ... ft. From ... ft. to ... ft.                                  |  |                               |                                                |                                                             |               |    |                |
| Gravel Pack Intervals: From <b>10</b> ft. to <b>76</b> ft. From ... ft. to ... ft. From ... ft. to ... ft.                                        |  |                               |                                                |                                                             |               |    |                |
| 5 GROUT MATERIAL:                                                                                                                                 |  |                               |                                                |                                                             |               |    |                |
| 1 Neat cement                                                                                                                                     |  | <b>2 Cement grout</b>         |                                                | 3 Bentonite                                                 |               |    |                |
| 4 Other                                                                                                                                           |  |                               |                                                |                                                             |               |    |                |
| Grouted Intervals: From <b>0</b> ft. to <b>10</b> ft. From ... ft. to ... ft. From ... ft. to ... ft.                                             |  |                               |                                                |                                                             |               |    |                |
| What is the nearest source of possible contamination: <b>none</b>                                                                                 |  |                               |                                                |                                                             |               |    |                |
| 1 Septic tank                                                                                                                                     |  | 4 Cess pool                   |                                                | 7 Sewage lagoon                                             |               |    |                |
| 2 Sewer lines                                                                                                                                     |  | 5 Seepage pit                 |                                                | 8 Feed yard                                                 |               |    |                |
| 3 Lateral lines                                                                                                                                   |  | 6 Pit privy                   |                                                | 9 Livestock pens                                            |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 10 Fuel storage                                             |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 11 Fertilizer storage                                       |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 12 Insecticide storage                                      |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 13 Watertight sewer lines                                   |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 14 Abandoned water well                                     |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 15 Oil well/Gas well                                        |               |    |                |
|                                                                                                                                                   |  |                               |                                                | 16 Other (specify below)                                    |               |    |                |
| Direction from well: ... How many feet: ... ? Water Well Disinfected? <b>Yes</b> No                                                               |  |                               |                                                |                                                             |               |    |                |
| Was a chemical/bacteriological sample submitted to Department? Yes <b>No</b> If yes, date sample                                                  |  |                               |                                                |                                                             |               |    |                |
| was submitted ... month ... day ... year: Pump Installed? Yes <b>X</b> No                                                                         |  |                               |                                                |                                                             |               |    |                |
| If Yes: Pump Manufacturer's name: <b>McDonald</b> Model No. <b>1508</b> HP <b>3/4</b> Volts <b>220</b>                                            |  |                               |                                                |                                                             |               |    |                |
| Depth of Pump Intake: <b>60</b> ft. Pumps Capacity rated at <b>15</b> gal./min.                                                                   |  |                               |                                                |                                                             |               |    |                |
| Type of pump: <b>1 Submersible</b> 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other                                                          |  |                               |                                                |                                                             |               |    |                |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was |  |                               |                                                |                                                             |               |    |                |
| completed on <b>4</b> month <b>20</b> day <b>80</b> year                                                                                          |  |                               |                                                |                                                             |               |    |                |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>318</b>                             |  |                               |                                                |                                                             |               |    |                |
| This Water Well Record was completed on <b>6</b> month <b>29</b> day <b>80</b> year under the business                                            |  |                               |                                                |                                                             |               |    |                |
| name of <b>Weninger Drilling</b> by (signature) <b>[Signature]</b>                                                                                |  |                               |                                                |                                                             |               |    |                |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                              |  | FROM                          | TO                                             | LITHOLOGIC LOG                                              | FROM          | TO | LITHOLOGIC LOG |
|                                                                                                                                                   |  | <b>0</b>                      | <b>2</b>                                       | <b>Top Soil</b><br><b>Red Clay</b><br><b>Charcoal Shale</b> |               |    |                |
|                                                                                                                                                   |  | <b>2</b>                      | <b>16</b>                                      |                                                             |               |    |                |
|                                                                                                                                                   |  | <b>16</b>                     | <b>76</b>                                      |                                                             |               |    |                |
|                                                                                                                                                   |  |                               |                                                |                                                             |               |    |                |
| 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.

OFFICE USE ONLY

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b

EW

SEC

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NE 1/4 NE 1/4 SE 1/4