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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------|-----------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | Fraction                                                                                        | Section Number                                    | Township Number | Range Number          |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | <u>NE 1/4 NE 1/4 NW 1/4</u>                                                                     | <u>13</u>                                         | T <u>27</u> S   | R <u>3</u> <u>E/W</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>SEE Below 1 W 3 1/2 W Goddard KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                 |                                                   |                 |                       |
| 2 WATER WELL OWNER: <u>Felix Gorges</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                 |                                                   |                 |                       |
| RR#, St. Address, Box # : <u>22801 W 13th</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                 | Board of Agriculture, Division of Water Resources |                 |                       |
| City, State, ZIP Code : <u>Goddard KS 67052</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                 | Application Number:                               |                 |                       |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | 4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION:                                             |                                                   |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Depth(s) Groundwater Encountered 1. <u>28-59</u> ft. 2. _____ ft. 3. _____ ft.                  |                                                   |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>4/24/90</u> |                                                   |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                    |                                                   |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Est. Yield <u>15-20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm       |                                                   |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Bore Hole Diameter <u>11</u> in. to <u>80</u> ft. and _____ in. to _____ ft.                    |                                                   |                 |                       |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                 |                                                   |                 |                       |
| <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)<br><input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                 |                                                   |                 |                       |
| <input checked="" type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile    CASING JOINTS: Glued <u>X</u> Clamped _____<br><input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)    Welded _____<br><input type="checkbox"/> Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                              |           |                                                                                                 |                                                   |                 |                       |
| Casing height above land surface _____ in. weight _____ lbs./ft. Wall thickness or gauge No. <u>sch 160</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                 |                                                   |                 |                       |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                 |                                                   |                 |                       |
| <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement<br><input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) _____<br><input type="checkbox"/> 12 None used (open hole)                                                                                                                                                                                                                                                    |           |                                                                                                 |                                                   |                 |                       |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                 |                                                   |                 |                       |
| <input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)<br><input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes<br><input type="checkbox"/> 10 Other (specify) _____                                                                                                                                                                                                                                                                               |           |                                                                                                 |                                                   |                 |                       |
| SCREEN-PERFORATED INTERVALS: From <u>32</u> ft. to <u>80</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                 |                                                   |                 |                       |
| GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>80</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                 |                                                   |                 |                       |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                 |                                                   |                 |                       |
| <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____<br>Grout Intervals: From <u>3</u> ft. to <u>23</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                 |                                                   |                 |                       |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                 |                                                   |                 |                       |
| <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well<br><input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input checked="" type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well<br><input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)<br><input type="checkbox"/> 13 Insecticide storage |           |                                                                                                 |                                                   |                 |                       |
| Direction from well? <u>SE</u> How many feet? <u>140</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                 |                                                   |                 |                       |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO        | LITHOLOGIC LOG                                                                                  | FROM                                              | TO              | PLUGGING INTERVALS    |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>2</u>  | <u>top sd.</u>                                                                                  |                                                   |                 |                       |
| <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>13</u> | <u>clay</u>                                                                                     |                                                   |                 |                       |
| <u>13</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>16</u> | <u>sand</u>                                                                                     |                                                   |                 |                       |
| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>34</u> | <u>clay</u>                                                                                     |                                                   |                 |                       |
| <u>34</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>80</u> | <u>Charcoal Shale</u>                                                                           |                                                   |                 |                       |
| 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>4-24-90</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 (mo/day/yr) <u>4-24-90</u> under the business name of <u>Wmings Dull</u> by (signature) <u>[Signature]</u>                                                                                                                                                                                                                                                           |           |                                                                                                 |                                                   |                 |                       |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-236-5545. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                 |                                                   |                 |                       |

OFFICE USE ONLY

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SEC.

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