

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                 |  |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Fraction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section Number |  | Township Number |  | Range Number |  |
| County: <u>Sedgewick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <u>SW 1/4 NW 1/4 SW 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>5</u>       |  | <u>T 28 S</u>   |  | <u>R 3 E</u> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1 1/4 mi S of Garden Plains - 2920 S 295th West</u>                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                 |  |              |  |
| 2 WATER WELL OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |  |                 |  |              |  |
| RR#, St. Address, Box # :                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |                 |  |              |  |
| City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                 |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 4 DEPTH OF COMPLETED WELL: <u>69</u> ft. ELEVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |  | Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.<br>WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>6-25-96</u><br>Pump test data: Well water was <u>33</u> ft. after <u>2</u> hours pumping <u>25</u> gpm<br>Est. Yield . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm<br>Bore Hole Diameter <u>9</u> in. to <u>20</u> ft., and <u>5 1/2</u> in. to <u>69</u> ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>① Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well . . . . .<br>Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No <u>X</u> . . . . . If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? <u>Yes</u> No |                |  |                 |  |              |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | CASING JOINTS: Glued <u>X</u> . . . . . Clamped . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |  |                 |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Welded . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |  |                 |  |              |  |
| ② PVC 4 ABS 7 Fiberglass                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Threaded . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |  |                 |  |              |  |
| Blank casing diameter <u>6</u> in. to <u>20</u> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                          |  | Casing height above land surface <u>18</u> in., weight . . . . . lbs./ft. Wall thickness or gauge No. <u>16S</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |  |                 |  |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 7 PVC 10 Asbestos-cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                 |  |              |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) . . . . .                                                                                                                                                                                                                                                                                                                                                                                       |  | ⑫ None used (open hole)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |  |                 |  |              |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS                                                                                                                                                                                                                                                                                                                                                                                                                     |  | SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |                 |  |              |  |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut ⑪ None (open hole)                                                                                                                                                                                                                                                                                                                                                                                          |  | 9 Drilled holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                 |  |              |  |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) . . . . .                                                                                                                                                                                                                                                                                                                                                                                            |  | SCREEN-PERFORATED INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |  |                 |  |              |  |
| GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                      |  | From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                 |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other . . . . .                                                                                                                                                                                                                                                                                                                                                                                         |  | Grout Intervals: From <u>2</u> ft. to <u>20</u> ft., From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                 |  |              |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                |  | 10 Livestock pens 14 Abandoned water well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |  |                 |  |              |  |
| ① Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                                                       |  | 12 Fertilizer storage 16 Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                 |  |              |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                     |  | How many feet? <u>100</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |  |                 |  |              |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Direction from well? <u>SW</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                 |  |              |  |
| FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |  |                 |  |              |  |
| <u>0</u> <u>8</u> <u>Sandy silt</u>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                 |  |              |  |
| <u>8</u> <u>69</u> <u>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>6-25-96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>447</u> This Water Well Record was completed on (mo/day/yr) <u>6-29-96</u> under the business name of <u>Miller Drilling</u> by (signature) <u>J. Miller</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                 |  |              |  |