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| 1 LOCATION OF WATER WELL:<br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Fraction <u>SE 1/4 SW 1/4 SW 1/4</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Section Number <u>27</u> |  | Township Number <u>T 28 S</u> |  | Range Number <u>R 3 E/W</u> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>6N 4E, Viola</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |  |                               |  |                             |  |
| 2 WATER WELL OWNER: <u>Walter Pauly</u><br>RR#, St. Address, Box #: <u>26200 W. 63 S.</u><br>City, State, ZIP Code: <u>Viola, KS 67149</u><br>Board of Agriculture, Division of Water Resources<br>Application Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |  |                               |  |                             |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                      | 4 DEPTH OF COMPLETED WELL: <u>65'</u> ft. ELEVATION: _____ ft.<br>Depth(s) Groundwater Encountered 1. <u>27</u> ft. 2. <u>46</u> ft. 3. <u>60</u> ft.<br>WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>8-12-98</u><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <u>10</u> in. to <u>65</u> ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS:<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 sub-<br>mitted _____ Water Well Disinfected? Yes <u>X</u> No _____ |                          |  |                               |  |                             |  |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> _____ Clamped _____<br>2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) _____ Welded _____<br>Blank casing diameter <u>5</u> in. to <u>25</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.<br>Casing height above land surface <u>18</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR26</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____<br>9 ABS 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 7 Wire wrapped 9 Drilled holes<br>10 Other (specify) _____<br>SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft. |  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |  |                               |  |                             |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____<br>Grout Intervals: From <u>3</u> ft. to <u>24</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 <u>Abandoned water well</u><br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____<br>13 Insecticide storage<br>Direction from well? <u>N</u> How many feet? <u>20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |  |                               |  |                             |  |
| LITHOLOGIC LOG<br>FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS<br><u>0</u> <u>2</u> <u>Soil</u> _____<br><u>2</u> <u>14</u> <u>Gray-Black Clay</u> _____<br><u>14</u> <u>65</u> <u>Blue Shale</u> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |  |                               |  |                             |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-12-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>395</u> This Water Well Record was completed on (mo/day/yr) <u>8-12-98</u> under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |  |                               |  |                             |  |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |  |                               |  |                             |  |