

| 1 LOCATION OF WATER WELL:<br><b>Sumner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | FRACTION<br><b>SE 1/4 SE 1/4 NE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | SECTION NUMBER<br><b>14</b> | TOWNSHIP NUMBER<br><b>T 30 S</b> | RANGE NUMBER<br><b>R 1W E/W</b> |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><b>1/4 mile North of 130th, West side of West St. Road Peck, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 WATER WELL OWNER: <b>CALLOWAY, Farrell</b><br>RR#,ST. ADDRESS,BOX #: <b>1227 N. West Road</b><br>CITY, STATE: <b>Peck, Kansas</b> ZIP CODE: _____ Application Number: _____<br>Board of Agriculture, Division of Water Resource                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | 4 DEPTH OF COMPLETED WELL: <b>58</b> ft. ELEVATION: _____<br>Depth of groundwater Encountered: _____ ft.<br>WELL'S STATIC WATER LEVEL <b>15</b> FT. BELOW LAND SURFACE MEASURED ON mo/day/yr: <b>7/23/10</b><br>Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Bore Hole Diameter <b>12</b> in. to <b>58</b> ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS:<br><input checked="" type="checkbox"/> 1. Domestic <input type="checkbox"/> 3. Feedlot <input type="checkbox"/> 5. Public water supply <input type="checkbox"/> 7. Lawn and garden only <input type="checkbox"/> 9. Dewatering <input type="checkbox"/> 11. Injection well<br><input type="checkbox"/> 2. Irrigation <input type="checkbox"/> 4. Industrial <input type="checkbox"/> 6. Oil field water supply <input type="checkbox"/> 8. Air conditioning <input type="checkbox"/> 10. Monitoring well <input type="checkbox"/> 12. Other (Specify below)<br>Was a chemical/bacteriological sample submitted to Department? YES <input checked="" type="radio"/> NO <input type="radio"/> ; If yes, what mo/day/yr was sample submitted _____ Was Water Well Disinfected? <input checked="" type="radio"/> YES <input type="radio"/> NO |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 TYPE OF CASING USED:<br>1. Steel 3. RPM (SR) 5. Wrought Iron 7. Fiberglass 9. Other (Specify below) CASING JOINTS: <input checked="" type="radio"/> Glued Threaded<br><input checked="" type="radio"/> 2. PVC <input type="radio"/> 4. ABS <input type="radio"/> 6. Asbestos-Cement <input type="radio"/> 8. Concrete tile SDR-26 Welded Clamped<br>Blank casing diameter <b>5</b> in. to <b>38</b> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.<br>Casing height above land surface: <b>12</b> in., Weight: <b>2.35</b> lbs. / ft. Wall thickness or gauge No. <b>.214</b><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1. Steel 3. Stainless Steel 5. Fiberglass <input checked="" type="radio"/> 7. PVC 9. ABS 11. Other (specify)<br>2. Brass 4. Galvanized 6. Concrete Tile 8. RMP (SR) 10. Asbestos-Cement 12. None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1. Continuous slot 3. Mill slot 5. Gauzed wrapped 7. Torch cut 9. Drilled holes 11. None ( open hole)<br>2. Louvered shutter 4. Key punched 6. Wire wrapped <input checked="" type="radio"/> 8. Saw cut 10. Other (specify)<br>SCREEN - PERFORATION INTERVAL From <b>38</b> ft. to <b>58</b> ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>24</b> ft. to <b>58</b> ft., From _____ ft. to _____ ft. |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 GROUT MATERIALS: 1. Neat cement 2. Cement Grout 3. Bentonite Other bentonite hole plug<br>Grout Intervals: From <b>4</b> ft. to <b>24</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><input checked="" 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"/> 13. Insecticide storage <input type="checkbox"/> 15. Oil well/Gas well<br><input type="checkbox"/> 2. Sewer lines <input type="checkbox"/> 5. Cess Pool <input type="checkbox"/> 8. Sewage lagoon <input type="checkbox"/> 11. Fuel storage <input type="checkbox"/> 14. Abandon water well <input type="checkbox"/> 16. Other (specify below)<br><input type="checkbox"/> 3. Watertight sewer line <input type="checkbox"/> 6. Seepage pit <input type="checkbox"/> 9. Feed yard <input type="checkbox"/> 12. Fertilizer storage<br>Direction from well? <b>Southeast</b> How many feet? <b>10 ft. plus</b>                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><thead><tr><th>From</th><th>To</th><th>LITHOLOGIC LOG</th><th>From</th><th>To</th><th>LITHOLOGIC LOG</th></tr></thead><tbody><tr><td>0</td><td>3</td><td>topsoil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>10</td><td>clay</td><td></td><td></td><td></td></tr><tr><td>10</td><td>35</td><td>fine sand</td><td></td><td></td><td></td></tr><tr><td>35</td><td>58</td><td>medium sand</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>                                                                       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                             |                                  |                                 | From | To | LITHOLOGIC LOG | From | To | LITHOLOGIC LOG | 0 | 3 | topsoil |  |  |  | 3 | 10 | clay |  |  |  | 10 | 35 | fine sand |  |  |  | 35 | 58 | medium sand |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3  | topsoil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10 | clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 35 | fine sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 58 | medium sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7 Contractor's or Landowner's Certification: This water well was 1. <input checked="" type="radio"/> constructed 2. reconstructed or 3. plugged under my jurisdiction and was completed on (mo/day/year) <b>7-23-2010</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>236</b> This water well record was completed on (mo/day/year) <b>7/26/2010</b><br>under the business name of <b>Harp Well and Pump Service</b> by (signature) <b>Todd S. Harp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                             |                                  |                                 |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |