

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|-----------------|----|--------------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | Fraction                                                                                                                                                                                                                                   |  | Section Number |  | Township Number |    | Range Number       |  |
| County: <u>Lincoln</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | <u>NC 1/4</u> <u>41</u> <u>1/4</u> <u>SW</u> <u>1/4</u>                                                                                                                                                                                    |  | <u>18</u>      |  | T <u>30</u> S   |    | R <u>8</u> EW      |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>2 miles East 1/2 South of Zenda Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| 2 WATER WELL OWNER: <u>Sydney Messenger</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| RR#, St. Address, Box # : <u>Box 13 Zenda Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| City, State, ZIP Code <u>67159</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | 4 DEPTH OF COMPLETED WELL: <u>38</u> ft. ELEVATION:                                                                                                                                                                                        |  |                |  |                 |    |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.                                                                                                                                                                       |  |                |  |                 |    |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>3 19 91</u>                                                                                                                                            |  |                |  |                 |    |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Pump test data: Well water was .... ft. after .... hours pumping .... gpm                                                                                                                                                                  |  |                |  |                 |    |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Est. Yield .... gpm: Well water was .... ft. after .... hours pumping .... gpm                                                                                                                                                             |  |                |  |                 |    |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Bore Hole Diameter <u>12</u> in. to <u>38</u> ft., and .... in. to .... ft.                                                                                                                                                                |  |                |  |                 |    |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | WELL WATER TO BE USED AS:                                                                                                                                                                                                                  |  |                |  |                 |    |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | <input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)<br><input type="checkbox"/> 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well |  |                |  |                 |    |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted                                                                                  |  |                |  |                 |    |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Water Well Disinfected? Yes <input checked="" type="checkbox"/> No                                                                                                                                                                         |  |                |  |                 |    |                    |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| 1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped .....<br>2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded .....<br>Blank casing diameter <u>5</u> in. to <u>18</u> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.<br>Casing height above land surface <u>2 feet</u> in., weight .... lbs./ft. Wall thickness or gauge No. ....<br>TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="radio"/> PVC    10 Asbestos-cement<br>1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    11 Other (specify) .....<br>2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    12 None used (open hole) |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| <input checked="" type="radio"/> Continuous slot    3 Mill slot    5 Gauzed wrapped    8 Saw cut    11 None (open hole)<br><input type="radio"/> 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes<br><input type="radio"/> 7 Torch cut    10 Other (specify) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| SCREEN-PERFORATED INTERVALS: From <u>18</u> ft. to <u>38</u> ft., From .... ft. to .... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>38</u> ft., From .... ft. to .... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| 6 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement    2 Cement grout    3 Bentonite    4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| Grout Intervals: From <u>10</u> ft. to <u>10</u> ft., From .... ft. to .... ft., From .... ft. to .... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| 1 Septic tank    4 Lateral lines    7 Pit privy    10 Livestock pens    14 Abandoned water well<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) <u>None Near Land</u><br>13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO | LITHOLOGIC LOG                                                                                                                                                                                                                             |  |                |  | FROM            | TO | PLUGGING INTERVALS |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1  | <u>Top Soil</u><br><u>Clay w/ sand</u><br><u>Sand fine</u><br><u>Clay Brown</u><br><u>Sand coarse gravel</u>                                                                                                                               |  |                |  |                 |    |                    |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10 |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 20 |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 30 |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 38 |                                                                                                                                                                                                                                            |  |                |  |                 |    |                    |  |

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) 3 19 91 and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. 226 This Water Well Record was completed on (mo/day/yr) 3 19 91  
 under the business name of Water Well Service by (signature) John A. Wadsworth