

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------|-------------------|-------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|--|--|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | Fraction                                                                                        | Section Number    | Township Number               | Range Number                                |                                                                             |  |  |  |
| County: <u>Sumner</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | <u>NE</u> ¼ <u>NE</u> ¼ <u>NW</u> ¼                                                             | <u>9</u>          | <u>T</u> <u>32</u> <u>S</u>   | <u>R</u> <u>4W</u> <u>E</u>                 |                                                                             |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| <u>1 mile N. of Argonia, Ks., ½ East, 1/8 South</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| 2 WATER WELL OWNER: <u>Everett Swingle</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| RR#, St. Address, Box #: <u>R.#2 Box 63</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| City, State, ZIP Code: <u>Argonia, Ks. 67004</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>50</u> ft. ELEVATION:                                             |                   |                               |                                             |                                                                             |  |  |  |
| <div style="text-align: center;">N<br/><table border="1" style="margin: auto; width: 150px; height: 150px;"><tr><td style="padding: 5px;">NW</td><td style="padding: 5px;">NE</td></tr><tr><td style="padding: 5px;">SW</td><td style="padding: 5px;">SE</td></tr></table><br/>S</div>                                                                                                                                                                                                     |    | NW                                                                                              | NE                | SW                            | SE                                          | Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. _____ ft. 3. _____ ft. |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | NW                                                                                              | NE                |                               |                                             |                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | SW                                                                                              | SE                |                               |                                             |                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>7-18-89</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>11</u> in. to <u>50</u> ft., and _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| WELL WATER TO BE USED AS:<br>5 Public water supply    8 Air conditioning    11 Injection well<br>1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)<br>2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well                                                                                                                                                                                                           |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| Water Well Disinfected? Yes <u>X</u> No _____                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | 3 <u>RMP (SR)</u>                                                                               | 5 Wrought iron    | 8 Concrete tile               | CASING JOINTS: Glued <u>X</u> Clamped _____ |                                                                             |  |  |  |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | 4 ABS                                                                                           | 6 Asbestos-Cement | 9 Other (specify below)       | Welded _____                                |                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                 | 7 Fiberglass      | <u>Cer-Mac styrene SDR-26</u> | Threaded _____                              |                                                                             |  |  |  |
| Blank casing diameter <u>5</u> in. to <u>30</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>.203</u>                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | 3 Stainless steel                                                                               | 5 Fiberglass      | 7 PVC                         | 10 Asbestos-cement                          |                                                                             |  |  |  |
| 2 Brass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | 4 Galvanized steel                                                                              | 6 Concrete tile   | 8 RMP (SR)                    | 11 Other (specify) _____                    |                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                 |                   | 9 <u>ABS</u>                  | 12 None used (open hole)                    |                                                                             |  |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| 1 Continuous slot                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | 3 Mill slot                                                                                     | 5 Gauzed wrapped  | 8 Saw cut                     | 11 None (open hole)                         |                                                                             |  |  |  |
| 2 Louvered shutter                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | 4 Key punched                                                                                   | 6 Wire wrapped    | 9 <u>Drilled holes</u>        |                                             |                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                 | 7 Torch cut       | 10 Other (specify) _____      |                                             |                                                                             |  |  |  |
| SCREEN-PERFORATED INTERVALS: From <u>30</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| 6 GROUT MATERIAL: 1 Neat cement    2 <u>Cement grout</u> 3 Bentonite    4 Other _____                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| Grout Intervals: From <u>4</u> ft. to <u>24</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                     |                                                                             |  |  |  |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | 5 Cess pool                                                                                     | 8 Sewage lagoon   | 11 Fuel storage               | 15 Oil well/Gas well                        |                                                                             |  |  |  |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | 6 Seepage pit                                                                                   | 9 Feedyard        | 12 Fertilizer storage         | 16 Other (specify below)                    |                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                 |                   | 13 Insecticide storage        | <u>None Apparent</u>                        |                                                                             |  |  |  |
| Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TO | LITHOLOGIC LOG                                                                                  | FROM              | TO                            | PLUGGING INTERVALS                          |                                                                             |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3  | topsoil                                                                                         |                   |                               |                                             |                                                                             |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 17 | clay                                                                                            |                   |                               |                                             |                                                                             |  |  |  |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 30 | fine sand                                                                                       |                   |                               |                                             |                                                                             |  |  |  |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 50 | medium sand                                                                                     |                   |                               |                                             |                                                                             |  |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-18-89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>10-16-89</u> under the business name of <u>Harp Well and Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u> |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                 |    |                                                                                                 |                   |                               |                                             |                                                                             |  |  |  |