LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: Meade 33 27 Distance and direction from nearest town or city street address of well if located within city? 7 = 5 and 4 = from Meache 2 WATER WELL OWNER: Austin Garner RR#, St. Address, Box # Board of Agriculture, Division of Water Resources Application Number: - NE -WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well **O** Domestic 9 Dewatering 3 Feedlot 6 Oil field water supply 12 Other (Specify below) 7 Domestic (lawn & garden) 10 Monitoring well 2 Irrigation 4 Industrial Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was sub-Water Well Disinfected? Yes TYPE OF BLANK CASING USED: 5 Wrought iron CASING JOINTS: Glued Clamped 8 Concrete tile 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded..... (2)PVC 4 ABS Casing height above land surface in., weight lbs./ft. Wall thickness or guage No. 2004 PVC 8 RMP (SR) TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-Cement 11 Other (Specify) 3 Stainless Steel 5 Fiberglass 1 Steel 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole) Mill slot 6 Wire wrapped 9 Drilled holes 1 Continuous slot 7 Torch cut 10 Other (specify)ft. 2 Louvered shutter 4 Key punched SCREEN-PERFORATED INTERVALS: From From ... ft. to ... ft., From ... ft. to ... ft.
From ... ft. to ... ft., From ... ft. to ... ft. GRAVEL PACK INTERVALS: Bentonite 4 Other..... GROUT MATERIAL: 1 Neat cement 2 Cement grout What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 4 Lateral lines 7 Pit privv 11 Fuel storage 15 Oil well/Gas well 1 Septic tank Other (specify below) 12 Fertilizer storage 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? Direction from well? LITHOLOGIC LOG **FROM** PLUGGING INTERVALS FROM TO brown clay tepspil 3 18 30 40 30 40 55 23 110 110 147 147 152 176 152 176

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was and constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr) by (signature) by (signature) by (signature) for the correct answers. Send top three objects to Kansas Department of Health

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three opies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.