

|                         |                      |                |                 |              |
|-------------------------|----------------------|----------------|-----------------|--------------|
| LOCATION OF WATER WELL: | Fraction             | Section Number | Township Number | Range Number |
| County: <u>Thomas</u>   | SE 1/4 NE 1/4 SE 1/4 | 18             | T 9 S           | R 32 E/W     |

Distance and direction from nearest town or city street address of well if located within city?

1 $\frac{1}{2}$  East 1 South of Mingo

|                           |                 |                      |                                                   |
|---------------------------|-----------------|----------------------|---------------------------------------------------|
| WATER WELL OWNER:         | Ivan Stienle    | Pickrell Drilling    |                                                   |
| RR#, St. Address, Box # : | RT. #2          | Box 1305             | Board of Agriculture, Division of Water Resources |
| City, State, ZIP Code :   | Colby, KS 67701 | Great Bend, KS 67530 | Application Number: T87-569                       |

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 150 ft. ELEVATION: . . . . .

N

|    |    |
|----|----|
| NW | NE |
| SW | SE |

S

WELL'S STATIC WATER LEVEL . . . 79 . . . . . ft. below land surface measured on mo/day/yr . . . . .

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 . . . . . in. to . . . . . ft., and . . . . . in. to . . . . . ft.

WELL WATER TO BE USED AS:

|                       |                        |                          |
|-----------------------|------------------------|--------------------------|
| 5 Public water supply | 8 Air conditioning     | 11 Injection well        |
| 1 Domestic            | 3 Feedlot              | 6 Oil field water supply |
| 2 Irrigation          | 4 Industrial           | 9 Dewatering             |
|                       | 7 Lawn and garden only | 12 Other (Specify below) |
|                       |                        | 10 Observation well      |

Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No . . . . .; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes . . . . . No . . . . .

|                            |            |                   |                         |                                                  |
|----------------------------|------------|-------------------|-------------------------|--------------------------------------------------|
| TYPE OF BLANK CASING USED: |            | 5 Wrought iron    | 8 Concrete tile         | CASING JOINTS: Glued . . . . . Clamped . . . . . |
| 1 Steel                    | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | Welded . . . . .                                 |
| 2 PVC                      | 4 ABS      | 7 Fiberglass      |                         | Threaded . . . . .                               |

Blank casing diameter . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
Casing height above land surface. 3 Below . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .

|                                         |                    |                 |            |                          |
|-----------------------------------------|--------------------|-----------------|------------|--------------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: |                    |                 | 7 PVC      | 10 Asbestos-cement       |
| 1 Steel                                 | 3 Stainless steel  | 5 Fiberglass    | 8 RMP (SR) | 11 Other (specify) ..... |
| 2 Brass                                 | 4 Galvanized steel | 6 Concrete tile | 9 ABS      | 12 None used (open hole) |

|                                     |               |                  |                          |
|-------------------------------------|---------------|------------------|--------------------------|
| SCREEN OR PERFORATION OPENINGS ARE: |               |                  |                          |
| 1 Continuous slot                   | 3 Mill slot   | 5 Gauzed wrapped | 8 Saw cut                |
| 2 Louvered shutter                  | 4 Key punched | 6 Wire wrapped   | 9 Drilled holes          |
|                                     |               | 7 Torch cut      | 10 Other (specify) ..... |
|                                     |               |                  | 11 None (open hole)      |

|                              |                                      |                                     |
|------------------------------|--------------------------------------|-------------------------------------|
| SCREEN-PERFORATED INTERVALS: | From . . . . . ft. to . . . . . ft., | From . . . . . ft. to . . . . . ft. |
|                              | From . . . . . ft. to . . . . . ft., | From . . . . . ft. to . . . . . ft. |
| GRAVEL PACK INTERVALS:       | From . . . . . ft. to . . . . . ft., | From . . . . . ft. to . . . . . ft. |
|                              | From . . . . . ft. to . . . . . ft., | From . . . . . ft. to . . . . . ft. |

|                  |      |               |                |             |          |
|------------------|------|---------------|----------------|-------------|----------|
| GROUT MATERIAL:  |      | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other  |
| Grout Intervals: | From | ft. to        | ft. From       | ft. to      | ft. From |
|                  |      |               |                |             |          |

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 | .....                    |

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

[illegible]

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) 4-16-88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 394 This Water Well Record was completed on (mo/day/yr) 6-29-88 under the business name of Woofter Pump & Well by (signature) [Signature]

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: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.