

1 LOCATION OF WATER WELL: County: Dickinson	Fraction SE 1/4 SW 1/4 SE 1/4	Section Number 15	Township Number T 13 S	Range Number R 4 EW
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Distance and direction from nearest town or city street address of well if located within city?

4 miles South & 2 3/4 miles East of Chapman, KS

2 WATER WELL OWNER: **Darryl White**
 RR#, St. Address, Box # : **2275 2200 Ave.**
 City, State, ZIP Code : **Chapman, KS 67431**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL**1.19**..... ft. ELEVATION:

Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.
 WELL'S STATIC WATER LEVEL**90**..... ft. below land surface measured on mo/day/yr**6/18/03**.....

Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield ..**8-12**... gpm: Well water was ft. after hours pumping gpm

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
2 Irrigation	4 Industrial	7 Domestic (lawn & garden)	10 Monitoring well	

5 Public water supply 8 Air conditioning 11 Injection well

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

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter**5**..... in. to**7.9**..... ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface**1.2**..... in., weight**2.37**..... lbs./ft. Wall thickness or gauge No.**2.14**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	X PVC	10 Asbestos-Cement
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RMP (SR)	11 Other (Specify)
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	X Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) ft.

SCREEN-PERFORATED INTERVALS: From**7.9**..... ft. to**1.19**..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From**20**..... ft. to**1.19**..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **X**Bentonite 4 Other

Grout Intervals: From**0**..... ft. to**20**..... ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank	X 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? **East** How many feet? **150**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	11	Clay, tan			
11	31	Limestone			
31	78	Shale, gray and red			
78	120	Fractured limestone with small shale layers			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (**X**) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)**6/19/03**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No**138**..... This Water Well Record was completed on (mo/day/yr)**6/30/03**..... under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

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, 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 constructed well.