

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Clay</u>	<u>SE 1/4 NE 1/4 SE 1/4</u>	<u>34</u>	<u>T 7 S</u>	<u>R 2 E</u>

Distance and direction from nearest town or city street address of well if located within city?
2 miles West & 1 1/2 miles North of Clay Center, KS

2 WATER WELL OWNER: Galen Wietharn
 RR#, St. Address, Box # : 1919 Kiowa Rd.
 City, State, ZIP Code : Clay Center, KS 67432
 Board of Agriculture, Division of Water Resources
 Application Number: 21525

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

N							
W	<table border="1" style="width:100%; height:100px;"> <tr> <td style="width:50%; text-align:center;">NW</td> <td style="width:50%; text-align:center;">NE</td> </tr> <tr> <td style="width:50%; text-align:center;">SW</td> <td style="width:50%; text-align:center;">SE</td> </tr> </table>	NW	NE	SW	SE	E	
NW	NE						
SW	SE						
S							

4 DEPTH OF COMPLETED WELL: 50 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 3/18/96
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 600-800 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 30 in. to 50 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) _____
 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well _____
 5 Public water supply 8 Air conditioning 11 Injection well _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr sample was sub-
 mitted _____ Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 PVC 4 ABS 7 Fiberglass _____ Welded _____
 Blank casing diameter 16 in. to 30 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 16.15 lbs./ft. Wall thickness or gauge No. 500
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass PVC 10 Asbestos-cement _____
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 12 None used (open hole) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 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) _____
 SCREEN-PERFORATED INTERVALS: From 30 ft. to 50 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 50 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 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? South How many feet? 300

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil			
3	7	Gray Clay			
7	26	Fine to Medium Sand			
26	49	Medium to Course Sand			
49	50	Gray Clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3/18/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 4/15/96 under the business name of Peterson Irrigation, Inc. by (signature) Michael 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.