

1] LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Ottawa</u>	<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>7</u>	<u>T 11 S</u>	<u>R 2 E/W</u>

Distance and direction from nearest town or city street address of well if located within city?
6 miles North of Bennington, KS

2] WATER WELL OWNER: Sally L. Peterson
 RR#, St. Address, Box # : 1816 Kiowa Rd.
 City, State, ZIP Code : Minneapolis, KS 67467

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: <u>97</u> ft. ELEVATION: _____
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Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 43 ft. below land surface measured on mo/day/yr 6/29/99

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield 50-100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: 9 in. to 98 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

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

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

Water Well Disinfected? Yes No _____

5] TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded
		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Threaded

Blank casing diameter 5 in. to 87 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 12 in., weight 2.37 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
			<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 87 ft. to 97 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 97 ft., From _____ ft. to _____ ft.

6] GROUT MATERIAL: 1 Neat cement 2 Cement grout 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:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input checked="" type="checkbox"/> Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	<u>Old well</u>

Direction from well? East How many feet? 20

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	20	Sand Rock & Brown Clay			
20	30	Fine sandstone with shale layers			
30	41	Blue Shale			
41	73	Soft (Tan) Sandstone			
73	97	Fine to Medium Tan Sand			
97	98	Blue Shale			

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) 6/30/99 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) 7/2/99

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.

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