

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Ottawa</u>		NW 1/4 SW 1/4 NW 1/4	35	T 12 S	R 3 E/W
Distance and direction from nearest town or city street address of well if located within city? <u>2 miles West & 4 miles South of Bennington, KS</u>					
2) WATER WELL OWNER: <u>Doug Michaelis</u>					
RR#, St. Address, Box # : <u>1626 Aspen Rd.</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Bennington, KS 67422</u>			Application Number: <u>N/A</u>		
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>144</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>60</u> ft. below land surface measured on mo/day/yr <u>4/13/97</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>10</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8</u> in. to <u>160</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well ☒ Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring 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		6 Asbestos-Cement 9 Other (specify below) _____		Welded _____	
7 Fiberglass				Threaded _____	
Blank casing diameter <u>5</u> in. to <u>110</u> ft., Dia <u>5</u> in. to <u>124-139</u> ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>2.37</u> lbs./ft. Wall thickness or gauge No. <u>214</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel		5 Fiberglass 8 RMP (SR)		10 Asbestos-cement	
2 Brass 4 Galvanized steel		6 Concrete tile 9 ABS		11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 ☒ 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 <u>110</u> ft. to <u>124</u> ft., From <u>139</u> ft. to <u>144</u> ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>144</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6) GROUT MATERIAL: 1 Neat cement 2 Cement grout ☒ Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination: <u>None within 1/4 mile</u>					
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? _____					
FROM TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS	
0 2		Top Soil			
2 14		Tan Clay			
14 31		Gray Shale			
31 42		Red Shale			
42 60		Gray Shale			
60 70		Red Shale			
70 110		Gray Shale			
110 125		Sandstone			
125 139		Gray Shale			
139 143		Sandstone			
143 151		Gray Shale			
151 160		Hard Sandstone			
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/13/97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u> This Water Well Record was completed on (mo/day/yr) <u>5/12/97</u> under the business name of <u>Peterson Irrigation, Inc.</u> by (signature) <u>M. A. Peterson</u>					
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.					