

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Ottawa</u>		<u>SW</u> 1/4 <u>NW</u> 1/4 <u>NW</u> 1/4	<u>35</u>	<u>T</u> <u>12</u> <u>S</u>	<u>R</u> <u>3</u> <u>W</u>
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:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		<u>1626 Aspen Rd.</u>			
City, State, ZIP Code :		<u>Salina, KS 67401 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>157</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>91</u> ft. below land surface measured on mo/day/yr <u>4/12/97</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>10-15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>157</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		<input type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel		5 Wrought iron			
3 RMP (SR)		6 Asbestos-Cement			
<input checked="" type="checkbox"/> PVC		7 Fiberglass			
4 ABS		9 Other (specify below)			
		Welded _____			
		Threaded _____			
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC			
1 Steel		10 Asbestos-cement			
3 Stainless steel		11 Other (specify) _____			
2 Brass		12 None used (open hole)			
4 Galvanized steel					
6 Concrete tile					
9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped			
1 Continuous slot		8 Saw cut			
<input checked="" type="checkbox"/> Mill slot		11 None (open hole)			
2 Louvered shutter		6 Wire wrapped			
4 Key punched		9 Drilled holes			
		7 Torch cut			
		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		4 Other _____			
1 Neat cement		<input checked="" type="checkbox"/> Bentonite			
2 Cement grout					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank		14 Abandoned water well			
<input checked="" type="checkbox"/> Lateral lines		11 Fuel storage			
2 Sewer lines		15 Oil well/Gas well			
5 Cess pool		12 Fertilizer storage			
3 Watertight sewer lines		16 Other (specify below)			
6 Seepage pit		13 Insecticide storage			
9 Feedyard					
Direction from well? <u>South</u>		How many feet? <u>100</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil	107	122	Gray Shale
1	4	Tan Clay	122	136	Sandstone
4	6	Brown Sandstone	136	144	Hard Rock
6	8	Red Shale	144	157	Gray Sandstone
8	11	Gray Shale	157		Gray Shale
11	13	Red Shale			
13	15	Gray Shale			
15	17	Tan Sandstone			
17	19	Red Shale			
19	34	Gray Shale			
34	41	Tan Sandstone			
41	69	Gray Shale			
69	73	Red Shale			
73	97	Gray Shale			
97	107	Red Shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/12/97</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>5/9/97</u> under the business name of <u>Peterson Irrigation, Inc.</u> by (signature) <u>Mike 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.					

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