

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Ottawa</b>	<b>SW</b> ¼ <b>NW</b> ¼ <b>SW</b> ¼	<b>10</b>	T <b>12</b> S	R <b>3</b> <b>X/W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**3 miles West & 1/2 mile South of Bennington, KS**

2 WATER WELL OWNER: **Connie Smith**  
 RR#, St. Address, Box # : **815 Custer**  
 City, State, ZIP Code : **Salina, KS 67401**  
 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 ..... <b>50</b> ..... ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ..... <b>1.8</b> ..... ft. below land surface measured on mo/day/yr ..... <b>1/24/03</b> ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield ..... <b>3-5</b> ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <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 ..... 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
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5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
Blank casing diameter ..... <b>5</b> ..... in. to ..... <b>20</b> ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.				
Casing height above land surface ..... <b>12</b> ..... in., weight ..... <b>2-37</b> ..... lbs./ft. Wall thickness or gauge No. .... <b>214</b> .....				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> PVC	10 Asbestos-Cement
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RMP (SR)	11 Other (Specify)
SCREEN OR PERFORATION OPENINGS ARE:				
1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
SCREEN-PERFORATED INTERVALS: From ..... <b>20</b> ..... ft. to ..... <b>50</b> ..... ft., From ..... ft. to ..... ft.				
GRAVEL PACK INTERVALS: From ..... <b>20</b> ..... ft. to ..... <b>50</b> ..... 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:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	<input checked="" type="checkbox"/> 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? **100**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>2</b>	<b>topsoil</b>			
<b>2</b>	<b>21</b>	<b>Clay, tan</b>			
<b>21</b>	<b>24</b>	<b>Sandstone</b>			
<b>24</b>	<b>50</b>	<b>Shale, gray &amp; red.</b>			

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) ..... **1/31/03** ..... 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) ..... **2/17/03** ..... 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.