

|                         |                |                |                 |              |
|-------------------------|----------------|----------------|-----------------|--------------|
| LOCATION OF WATER WELL: | Fraction       | Section Number | Township Number | Range Number |
| County: Saline          | NW ¼ NW ¼ NW ¼ | 9              | T 14 S          | R 4 E/W      |

Distance and direction from nearest town or city street address of well if located within city?  
1 mi. So. AND 1 mi. West of Hedwille, KS.

WATER WELL OWNER: Charlie Walker-Rolling Hills Ranch  
RR#, St. Address, Box # : R.R. 1  
City, State, ZIP Code : Salina, Ks. 67401

Board of Agriculture, Division of Water Resources  
Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 47 ft. ELEVATION: 10

Depth(s) Groundwater Encountered ..... ft. 1. .... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL ..... 10 ..... ft. below land surface measured on mo/day/yr ..... 9/8/86

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

Est. Yield .... 30 ... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter .... 8 ..... in. to ..... 41 ..... ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS:

|              |              |                          |                     |                          |
|--------------|--------------|--------------------------|---------------------|--------------------------|
| 1 Domestic   | 3 Feedlot    | 5 Public water supply    | 8 Air conditioning  | 11 Injection well        |
| 2 Irrigation | 4 Industrial | 6 Oil field water supply | 9 Dewatering        | 12 Other (Specify below) |
|              |              | 7 Lawn and garden only   | 10 Observation well |                          |

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

Water Well Disinfected? Yes X No

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

Blank casing diameter . . . . . 5 . . . . . in. to . . . . . 31 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
Casing height above land surface . . . . . 12 . . . . . in., weight . . . . . 2.91 . . . . . lbs./ft. Wall thickness or gauge No. . . . . 265

|                                         |                    |                 |            |                          |
|-----------------------------------------|--------------------|-----------------|------------|--------------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: |                    |                 | 7 PVC      | 10 Asbestos-cement       |
| 1 Steel                                 | 3 Stainless steel  | 5 Fiberglass    | 8 RMP (SR) | 11 Other (specify) ..... |
| 2 Brass                                 | 4 Galvanized steel | 6 Concrete tile | 9 ABS      | 12 None used (open hole) |

|                                     |                    |                  |                          |                     |
|-------------------------------------|--------------------|------------------|--------------------------|---------------------|
| SCREEN OR PERFORATION OPENINGS ARE: |                    | 5 Gauzed wrapped | 8 Saw cut                | 11 None (open hole) |
| 1 Continuous slot                   | <u>3 Mill slot</u> | 6 Wire wrapped   | 9 Drilled holes          |                     |
| 2 Louvered shutter                  | 4 Key punched      | 7 Torch cut      | 10 Other (specify) ..... |                     |

|                              |      |    |        |    |           |        |     |
|------------------------------|------|----|--------|----|-----------|--------|-----|
| SCREEN-PERFORATED INTERVALS: | From | 31 | ft. to | 41 | ft., From | ft. to | ft. |
|                              | From |    | ft. to |    | ft., From | ft. to | ft. |
| GRAVEL PACK INTERVALS:       | From | 15 | ft. to | 41 | ft., From | ft. to | ft. |
|                              | From |    | ft. to |    | ft., From | ft. to | ft. |

3. GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From 5 ft. to 15 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     | 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? None within 1/4 mile

How many feet? \_\_\_\_\_

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 9-8-86 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) 9-25-86 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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.