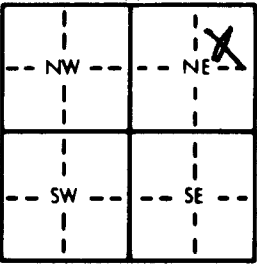


1 LOCATION OF WATER WELL: County: <u>Saline</u>		Fraction <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$		Section Number <u>35</u>	Township Number <u>T 15 S</u>	Range Number <u>R 2</u>																																																																																				
Distance and direction from nearest town or city street address of well if located within city? <u>4 1/2 Miles West of Gypsum, KS</u>																																																																																										
2 WATER WELL OWNER: City of Gypsum RR#, St. Address, Box # : <u>City Hall</u> City, State, ZIP Code : <u>Gypsum, KS 67448</u>				Vested Right-SA0001 Board of Agriculture, Division of Water Resources Application Number: <u>Water right-8722</u>																																																																																						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>75</u> ft. ELEVATION: ft. Depth(s) Groundwater Encountered 1. <u>42</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>42</u> ft. below land surface measured on mo/day/yr <u>5/16/87</u> Pump test data: Well water was ft. after hours pumping gpm Est. Yield <u>43-45</u> gpm: Well water was <u>70</u> ft. after <u>4</u> hours pumping <u>42</u> gpm Bore Hole Diameter <u>10</u> in. to <u>75</u> ft. and in. to ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <u>X</u> No																																																																																								
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) <u>Welded</u> 7 Fiberglass Threaded Blank casing diameter <u>6</u> in. to <u>60</u> ft., Dia in. to ft., Dia in. to ft. Casing height above land surface <u>12</u> in., weight <u>3.52</u> lbs./ft. Wall thickness or gauge No. <u>255</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 <u>Stainless steel</u> 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 <u>Continuous slot</u> 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>60</u> ft. to <u>75</u> ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>75</u> ft., From ft. to ft. From ft. to ft., From ft. to ft.																																																																																										
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other Grout intervals: From <u>5</u> ft. to <u>25</u> ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: 1 <u>Septic tank</u> 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? <u>East</u> How many feet? <u>200</u>																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>Top Soil</td><td></td><td></td><td></td></tr><tr><td>2</td><td>8</td><td>Sand Rock and Brown Clay</td><td></td><td></td><td></td></tr><tr><td>8</td><td>20</td><td>Gray Clay and Sandstone</td><td></td><td></td><td></td></tr><tr><td>20</td><td>38</td><td>Brown and Red Sandstone</td><td></td><td></td><td></td></tr><tr><td>38</td><td>50</td><td>White Sandstone</td><td></td><td></td><td></td></tr><tr><td>50</td><td>55</td><td>Gray Shale</td><td></td><td></td><td></td></tr><tr><td>55</td><td>62</td><td>White Sandstone</td><td></td><td></td><td></td></tr><tr><td>62</td><td>65</td><td>Gray Shale</td><td></td><td></td><td></td></tr><tr><td>65</td><td>76</td><td>White Sandstone with small Gray Shale layers</td><td></td><td></td><td></td></tr><tr><td>76</td><td>77</td><td>Gray Shale</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	2	Top Soil				2	8	Sand Rock and Brown Clay				8	20	Gray Clay and Sandstone				20	38	Brown and Red Sandstone				38	50	White Sandstone				50	55	Gray Shale				55	62	White Sandstone				62	65	Gray Shale				65	76	White Sandstone with small Gray Shale layers				76	77	Gray Shale																					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-18-87</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>6-12-87</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, 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.																																																																																										