

|                           |                                     |                |                 |                          |
|---------------------------|-------------------------------------|----------------|-----------------|--------------------------|
| 1 LOCATION OF WATER WELL: | Fraction                            | Section Number | Township Number | Range Number             |
| County: <b>SALINE</b>     | <b>SE</b> ¼ <b>NW</b> ¼ <b>NW</b> ¼ | <b>13</b>      | T <b>16</b> S   | R <b>4</b> <del>EW</del> |

Distance and direction from nearest town or city street address of well if located within city?  
**2 miles East of Falun, KS**

2 WATER WELL OWNER: **Robert Patton**  
 RR#, St. Address, Box # : **P.O. Box 347**  
 City, State, ZIP Code : **Lindsborg, KS 67456**  
 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>40</b> ft. ELEVATION:   |
|  | Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  |
|  | WELL'S STATIC WATER LEVEL <b>13</b> ft. below land surface measured on mo/day/yr <b>9/8/00</b>  |
|  | Pump test data: Well water was .... ft. after .... hours pumping .... gpm   |
|  | Est. Yield <b>4-6</b> gpm: Well water was .... ft. after .... hours pumping .... gpm  |
|  | Bore Hole Diameter. <b>9</b> in. to <b>50</b> 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)   |
|  | 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 sub-<br>mitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No |

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. ....  |
|   |            | 7 Fiberglass      |                         | Threaded. ....  |

Blank casing diameter **5** in. to **30** ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.

Casing height above land surface. **12** in., weight **2.37** lbs./ft. Wall thickness or gauge No. **214**

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) ....  |
|         |                    |                 | 9 ABS                                   | 12 None used (open hole) |

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         |                     |
|                    |   | 7 Torch cut      | 10 Other (specify) .... | ft.                 |

SCREEN-PERFORATED INTERVALS: From **30** ft. to **40** ft., From .... ft. to .... ft.

GRAVEL PACK INTERVALS: From **20** ft. to **40** 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.

What is the nearest source of possible contamination:

|   |                 |                 |                        |                          |
|---|-----------------|-----------------|------------------------|--------------------------|
| 1 Septic tank                                   | 4 Lateral lines | 7 Pit privy     | 10 Livestock pens      | 14 Abandoned water well  |
| <input checked="" type="checkbox"/> 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? **West** How many feet? **300**

| FROM      | TO        | LITHOLOGIC LOG      | FROM | TO | PLUGGING INTERVALS |
|-----------|-----------|---------------------|------|----|--------------------|
| <b>0</b>  | <b>2</b>  | <b>Topsoil</b>      |      |    |                    |
| <b>2</b>  | <b>30</b> | <b>Gray Clay</b>    |      |    |                    |
| <b>30</b> | <b>40</b> | <b>Creek Gravel</b> |      |    |                    |
| <b>40</b> | <b>50</b> | <b>Green Shale</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) **9/8/00** 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) **9/14/00** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*