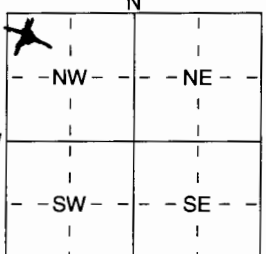


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|-----------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|-----------------|--|----------------|--|
| 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>      |                                                   | <b>T 16 S</b>   |  | <b>R 4 E/W</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>2 miles East of Falun, KS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| 2 WATER WELL OWNER: <b>Robert Patton</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| RR#, St. Address, Box # : <b>5796 W. Hedberg Rd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     |                                                                                               |                | Board of Agriculture, Division of Water Resources |                 |  |                |  |
| City, State, ZIP Code : <b>Falun, KS 67442</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                                                                               |                | Application Number:                               |                 |  |                |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     | 4 DEPTH OF COMPLETED WELL <b>60</b> ft. ELEVATION:                                            |                |                                                   |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                     | Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.                          |                |                                                   |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     | WELL'S STATIC WATER LEVEL <b>6</b> ft. below land surface measured on mo/day/yr <b>7/1/03</b> |                |                                                   |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     | Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm                  |                |                                                   |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     | Est. Yield <b>4-5</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                                    |                |                                                   |                 |  |                |  |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| 2 Irrigation 4 Industrial <b>X Domestic (lawn &amp; garden)</b> 10 Monitoring well                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| Was a chemical/bacteriological sample submitted to Department? Yes ..... No <b>X</b> ; If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                                                                                                                                        |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| Water Well Disinfected? Yes <b>X</b> No                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>X PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| 7 Fiberglass Threaded                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| Blank casing diameter <b>5</b> in. to <b>10</b> ft., Dia <b>5</b> in. to <b>45 to 60</b> Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| Casing height above land surface <b>12</b> in., weight ..... lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass <b>X PVC</b> 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 <b>X Mill slot</b> 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 <b>10</b> ft. to <b>45</b> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                        |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| GRAVEL PACK INTERVALS: From <b>10</b> ft. to <b>60</b> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>X Bentonite</b> 4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| Grout Intervals: From <b>0</b> ft. to <b>10</b> 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                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>X Sewer lines</b> 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? <b>West</b> How many feet? <b>500</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>0 2 Topsoil</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>2 13 Clay, tan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>13 24 Fractured Shale</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>24 26 Shale, red</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>26 40 Green Shale with small fracture</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>40 55 Shale, gray</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| <b>55 60 Shale</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>X</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>7/3/03</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <b>138</b> This Water Well Record was completed on (mo/day/yr) <b>7/9/03</b> under the business name of <b>Peterson Irrigation, Inc.</b> by (signature) <i>Mike Peters</i> |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |
| 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.                             |  |                                     |                                                                                               |                |                                                   |                 |  |                |  |