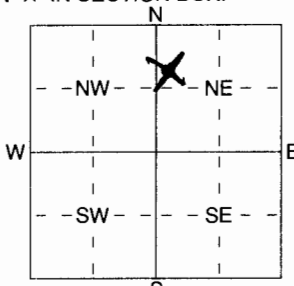


1 LOCATION OF WATER WELL: County: <b>McPherson</b>	Fraction <b>SW</b> ¼ <b>NW</b> ¼ <b>NE</b> ¼	Section Number <b>20</b>	Township Number T <b>17</b> S	Range Number R <b>3</b> <del>W</del>
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Distance and direction from nearest town or city street address of well if located within city?

**1/2 mile South of Lindsborg, KS**

2 WATER WELL OWNER: <b>Ryon Carey</b> RR#, St. Address, Box # : <b>Box 205</b> City, State, ZIP Code : <b>Canton, KS 67428</b>	Board of Agriculture, Division of Water Resources Application Number:
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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>21</b> ft. below land surface measured on mo/day/yr <b>3/27/03</b> Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield <b>50-100</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) <input checked="" type="checkbox"/> PVC 4 ABS	5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded .....
Blank casing diameter <b>5</b> in. to <b>50</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) ..... 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 <b>50</b> ft. to <b>60</b> ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From <b>20</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 <input checked="" type="checkbox"/> Bentonite 4 Other .....	Grout Intervals: From <b>0</b> ft. to <b>20</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 <u>Livestock pens</u> 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? <b>South</b> How many feet? <b>150 ft</b>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>3</b>	<b>Topsoil</b>			
<b>3</b>	<b>20</b>	<b>Clay, gray</b>			
<b>20</b>	<b>60</b>	<b>Fine to Coarse Sand</b>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ( <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>3/28/03</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>4/10/03</b> under the business name of <b>Peterson Irrigation, Inc.</b> by (signature) <i>Mike Peterson</i>
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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.