

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>McPherson</u>		NW ¼ NW ¼ NE ¼	<u>28</u>	T 18 S	R 3 W
Distance and direction from nearest town or city street address of well if located within city? <u>5 miles North & 3/4 miles East of McPherson</u>					
2 WATER WELL OWNER: <u>Morris Mills</u>					
RR#, St. Address, Box # : <u>303 Oak Park Dr.</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>McPherson, KS 67456</u>			Application Number: <u>N/A</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>24</u> ft. below land surface measured on mo/day/yr <u>11/1/97</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>2-4</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>50</u> 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 Lawn and garden only 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 _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
<input checked="" type="checkbox"/> PVC		4 ABS		Welded _____	
		5 Wrought iron		Threaded _____	
		6 Asbestos-Cement			
		7 Fiberglass			
		8 Concrete tile			
		9 Other (specify below)			
Blank casing diameter <u>5</u> in. to <u>20</u> in. Dia <u>5</u> in. to <u>40-50</u> in. Dia _____ in. to _____ in.					
Casing height above land surface <u>12</u> in., weight <u>2.37</u> lbs./ft. Wall thickness or gauge No. <u>.214</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		<input checked="" type="checkbox"/> PVC	
2 Brass		4 Galvanized steel		10 Asbestos-cement	
		5 Fiberglass		11 Other (specify) _____	
		6 Concrete tile		12 None used (open hole)	
		8 RMP (SR)			
		9 ABS			
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<input checked="" type="checkbox"/> Mill slot		8 Saw cut	
2 Louvered shutter		4 Key punched		11 None (open hole)	
		5 Gauzed wrapped		9 Drilled holes	
		6 Wire wrapped		10 Other (specify) _____	
		7 Torch cut			
SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>50</u> 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 <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		<input checked="" type="checkbox"/> Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		14 Abandoned water well	
		9 Feedyard		15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? <u>Southeast</u>				How many feet? <u>200</u>	
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0 2 Topsoil					
2 18 Brown Clay					
18 28 Gray Shale with some sand rock					
28 32 Fractures					
32 50 Gray Shale					
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) <u>11/1/97</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>11/5/97</u> under the business name of <u>Peterson Irrigation, Inc.</u> by (signature) <u>[Signature]</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					