

|   |                          |                             |                |                 |                     |
|---|--------------------------|-----------------------------|----------------|-----------------|---------------------|
| 1 | LOCATION OF WATER WELL:  | Fraction                    | Section Number | Township Number | Range Number        |
|   | County: <b>McPherson</b> | <b>NW 1/4 NE 1/4 NW 1/4</b> | <b>13</b>      | <b>18</b>       | <b>3</b> <b>X/W</b> |

Distance and direction from nearest town or city street address of well if located within city?  
**4 miles South & 3 miles East of Lindsborg, Ks.**

2 WATER WELL OWNER: **Mike Stevenson**  
 RR #, St. Address, Box #: **1106 Bluestem**  
 City, State, ZIP Code : **McPherson, Ks. 67460**  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

|   |  |   |   |
|---|--|---|---|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <b>3 @ 200'</b> ft.<br><b>3 @ 185'</b> <b>2 @ 170'</b><br>WELL'S STATIC WATER LEVEL <b>42</b> ft. |
|---|--|---|---|

Diagram showing a 3x3 grid with quadrants NW, NE, SW, SE. An 'X' is marked in the NW quadrant. The grid is labeled with N, S, E, W.

WELL WAS USED AS:

|              |                            |   |
|--------------|----------------------------|---|
| 1 Domestic   | 5 Public Water Supply      | 9 Dewatering  |
| 2 Irrigation | 6 Oil Field Water Supply   | 10 Monitoring Well  |
| 3 Feedlot    | 7 Domestic (Lawn & Garden) | 11 Injection Well   |
| 4 Industrial | 8 Air Conditioning         | <input checked="" type="checkbox"/> Other <b>Geothermal</b> ..... |

Was a chemical / bacteriological sample submitted to Department? Yes ..... No .....  
 If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No .....

5 TYPE OF BLANK CASING USED:

|         |            |                   |                 |   |
|---------|------------|-------------------|-----------------|---|
| 1 Steel | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | <input checked="" type="checkbox"/> Other (Specify below) |
| 2 PVC   | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile | <b>Polyethylene</b> .....                                 |

Blank casing diameter **3/4** in. Was casing pulled? Yes ..... No ..... If yes, how much .....

Casing height above or below land surface ..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  Bentonite 4 Other .....

Grout Plug Intervals: From **0** ft. to **200** ft  From **0** ft. to **185** ft  From **0** ft. to **170** ft.

What is the nearest source of possible contamination:

|                          |   |                         |                          |
|--------------------------|---|-------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit                                     | 11 Fuel storage         | 16 Other (specify below) |
| 2 Sewer lines            | 7 Pit privy                                       | 12 Fertilizer storage   | .....                    |
| 3 Watertight sewer lines | <input checked="" type="checkbox"/> Sewage lagoon | 13 Insecticide storage  | .....                    |
| 4 Lateral lines          | 9 Feedyard  | 14 Abandoned water well | .....                    |
| 5 Cess pool              | 10 Livestock pens                                 | 15 Oil well/Gas well    | .....                    |

Direction from well? **NW** ..... How many feet? .....

| FROM | TO  | LOG                                |
|------|-----|------------------------------------|
| 0    | 2   | <del>XXXXXXXXXXXX</del><br>Topsoil |
| 2    | 8   | Clay, tan                          |
| 8    | 45  | Clay, gray                         |
| 45   | 93  | Shale, gray                        |
| 93   | 102 | Sandstone                          |
| 102  | 134 | Shale, gray                        |
| 134  | 162 | Shale, red                         |

LOG  
 162 200 Shale, gray

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **10/28/08** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **38** ..... This Water Well Record was completed on (mo/day/year) **11/7/08** ..... under the business name of **Peterson Irrigation, Inc.** .....  
 by (signature) *Mike Stevenson* .....

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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.