

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <u>MCPHARSON</u>		<u>SE 1/4 SE 1/4 SW 1/4</u>		<u>16</u>		<u>T 19 S</u>		<u>R 2 NW</u>	
Distance and direction from nearest town or city? <u>WEST OF GALVA, KS. 1/2 mi N. + 1/2 m.</u>				Street address of well if located within city?					

2 WATER WELL OWNER: <u>MICHAEL SISCO</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>3941 ROUTE 5</u>		
City, State, ZIP Code: <u>WHEAT RIDGE, COLO.</u>		

3 DEPTH OF COMPLETED WELL: <u>72</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>72</u> ft. and _____ in. to _____ ft.	
Well Water to be used as:	
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Observation well <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 12 Other (Specify below)
Well's static water level: <u>21</u> ft. below land surface measured on <u>12</u> month <u>28</u> day <u>79</u> year	
Pump Test Data: Well water was <u>40</u> ft. after <u>2</u> hours pumping <u>12</u> gpm	
Est. Yield <u>15-20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	

4 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____	
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 10 Asbestos-cement		<input type="checkbox"/> Welded <input type="checkbox"/> Threaded	
Blank casing dia: <u>4</u> in. to <u>62</u> ft., Dia <u>18</u> in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface: <u>2.5</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>245</u> in.					
TYPE OF SCREEN OR PERFORATION MATERIAL:							
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 2 Brass		<input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel		<input checked="" type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile		<input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)	
Screen or Perforation Openings Are:							
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter		<input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/> 11 None (open hole)	
Screen-Perforation Dia: <u>4</u> in. to <u>72</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>62</u> ft. to <u>72</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Gravel Pack Intervals: From <u>15</u> ft. to <u>72</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							

5 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement		2 Cement grout		3 Bentonite		4 Other _____	
Grouted Intervals: From <u>5</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
<input type="checkbox"/> 1 Septic tank <input checked="" type="checkbox"/> 2 Sewer lines <input checked="" type="checkbox"/> 3 Lateral lines		<input type="checkbox"/> 4 Cess pool <input type="checkbox"/> 5 Seepage pit <input type="checkbox"/> 6 Pit privy		<input type="checkbox"/> 7 Sewage lagoon <input type="checkbox"/> 8 Feed yard <input type="checkbox"/> 9 Livestock pens		<input type="checkbox"/> 10 Fuel storage <input type="checkbox"/> 11 Fertilizer storage <input type="checkbox"/> 12 Insecticide storage <input type="checkbox"/> 13 Watertight sewer lines	
<input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below)							
Direction from well: <u>NW</u> How many feet: <u>150</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No <input checked="" type="checkbox"/>							
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.							
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other _____							

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on <u>12</u> month <u>28</u> day <u>79</u> year			
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 <u>12</u> month <u>28</u> day <u>80</u> year under the business name of <u>PETERSON IRRIGATION INC</u> by (signature) <u>Mike Peterson</u>			

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0		3		Top Soil							
		3		7		Black Clay							
		7		16		Buff Clay							
		16		34		White Clay							
		34		58		Pink Clay							
		58		69		VERY FINE SAND							
		69		72		GREEN SHALE							

ELEVATION:		Depth(s) Groundwater Encountered <u>1. 58</u> ft. <u>2.</u> ft. <u>3.</u> ft. <u>4.</u> ft.		(Use a second sheet if needed)	
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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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.