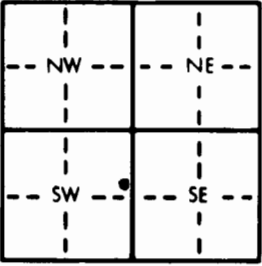


1 LOCATION OF WATER WELL: County: <u>McPherson</u>		Fraction <u>SE 1/4 NE 1/4 SW 1/4</u>	Section Number <u>21</u>	Township Number <u>T 19 S</u>	Range Number <u>R 3</u>
Distance and direction from nearest town or city street address of well if located within city? <u>McPherson KANS. City 1102 North Myers</u>					
2 WATER WELL OWNER: <u>LARRY RABE</u> RR#, St. Address, Box #: <u>707 EAST HWY 50</u> City, State, ZIP Code: <u>McPherson KANSAS 67460</u> <u>Just Brought Property</u> Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align:center"></div>		4 DEPTH OF COMPLETED WELL: <u>66' 6"</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <u>0</u> ft. below land surface measured on mo/day/yr <u>5-18-88</u> Pump test data: Well water was .... ft. after .... hours pumping .... gpm Est. Yield .... gpm: Well water was .... ft. after .... hours pumping .... gpm Bore Hole Diameter .... in. to .... ft., and .... in. to .... ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation 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..... No			
5 TYPE OF BLANK CASING USED: <input checked="" type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 5 Wrought iron <input type="radio"/> 8 Concrete tile CASING JOINTS: Glued..... Clamped..... <input type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 9 Other (specify below) Welded..... Blank casing diameter <u>6</u> in. to <u>66' 6"</u> ft. Dia. .... in. to .... ft. Dia. .... in. to .... ft. Casing height above land surface <u>5'</u> Below .... in., weight .... lbs./ft. Wall thickness or gauge No. .... TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes SCREEN-PERFORATED INTERVALS: From .... ft. to .... ft. From .... ft. to .... ft. GRAVEL PACK INTERVALS: From .... ft. to .... ft. From .... ft. to .... ft.					
6 GROUT MATERIAL: <input type="radio"/> 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other Grout Intervals: From .... ft. to .... ft. From .... ft. to .... ft. From .... ft. to .... ft. What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <u>none</u> Direction from well? <input checked="" type="checkbox"/> How many feet? <u>X</u>					

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>66' 6"</u>	<u>18' 6"</u>	<u>SAND</u>			
<u>18' 6"</u>	<u>3' 0"</u>	<u>Concrete (Concrete Grout)</u>			
<u>3' 0"</u>	<u>0</u>	<u>Top Soil</u>			
<u>Casing cut off 3' 0" Below Ground level</u>					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5-18-88 and this record is true to the best of my knowledge and belief. Kansas  
Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) Jan 1989  
under the business name of .... by (signature) Larry Rabe  
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.