

<b>[1] LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>McPherson</b>		NW ¼ SW ¼ NW ¼	<b>28</b>	T <b>19</b> S	R <b>3</b> E/W
Distance and direction from nearest town or city street address of well if located within city? <b>319 N. Ash, McPherson</b>					
<b>[2] WATER WELL OWNER: Donald L. Burgett Sr. Trust TTEE</b>					
RR#, St Address, Box # : <b>112 N. Main</b>			Board of Agriculture, Division of Water Resources Application Number:		
City, State, ZIP Code : <b>McPherson, KS 67460</b>					
<b>[3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>[4] DEPTH OF COMPLETED WELL . . . . . 110 . . . ft. ELEVATION: . . . . . 1498</b>			
<p>A section box diagram showing a grid divided into four quadrants labeled NW, NE, SE, and SW. An 'X' is marked in the NW quadrant.</p>		Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.			
		WELL'S STATIC WATER LEVEL . . . <b>91.18</b> . . . ft. below land surface measured on mo/day/yr . . . <b>8/14/2014</b> . . .			
		Pump test data: Well water was . . . <b>NA</b> . . . ft. after . . . hours pumping . . . gpm			
		Est. Yield . . <b>NA</b> . . . gpm; Well water was . . . ft. after . . . hours pumping . . . gpm			
Bore Hole Diameter . . . <b>8</b> . . . in. to . . . <b>113</b> . . . ft., and . . . in. to . . . ft.					
WELL WATER TO BE USED AS:		5 Public water supply      8 Air conditioning      11 Injection well 1 Domestic                  3 Feedlot                6 Oil field water supply      9 Dewatering             12 Other (Specify below) 2 Irrigation                4 Industrial             7 Lawn and garden only <b>(10)</b> Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes.....No <b>✓</b> ; If yes, mo/day/yr sample was submitted		Water Well Disinfected? Yes No <b>✓</b>			
<b>[5] TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)		5 Wrought iron	
(2) PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter . . . . . 4 . . . . in. to . . . . 80 . . . . ft., Dia . . . . in. to . . . . ft., Dia . . . . in. to . . . . ft.				CASING JOINTS: Glued . . . . Clamped . . . . Welded . . . . Threaded. <b>✓</b>	
Casing height above land surface . . . . in., weight . . . . lbs./ft. Wall thickness or gauge No. . . . Sch. <b>40</b> . . . .					
TYPE OF SCREEN OR PERFORATION MATERIAL					
1 Steel		3 Stainless steel		5 Fiberglass	
(2) Brass		4 Galvanized steel		6 Concrete tile	
				7 Torch cut	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		(3) Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torched holes	
				8 Drilled holes	
SCREEN-PERFORATED INTERVALS: From . . . . 80 . . . . ft. to . . . . 110 . . . . ft., From . . . . ft. to . . . . ft.				10 Other (specify) . . . .	
				11 None (open hole)	
GRAVEL PACK INTERVALS: From . . . . 77 . . . . ft. to . . . . 113 . . . . ft., From . . . . ft. to . . . . ft.					
<b>[6] GROUT MATERIAL:</b>					
1 Neat cement		2 Cement grout		(3) Bentonite	
(4) Other Concrete					
Grout Intervals: From . . . . 0 . . . . ft. to . . . . 2 . . . . ft., From . . . . 2 . . . . ft. to . . . . 77 . . . . ft., From . . . . ft. to . . . . ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well?					
How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Concrete,			
0.5	10	Clay, silty (fill), Dark Brown			
10	15	Clay, some silt, Dark Brown to Brown			
15	40	Clay, silty, incr. silt, Lt. Brown			
40	65	Clay, silty, some sand, Lt. Brown			
65	70	Clay, sandy (f), Lt. Grayish Brown			
70	75	Sand, f, clayey, Lt. Brown			
75	85	Sand, m, Tan			
85	113	Sand, m-c, some gravel, Lt. Brown			
					MW2 , Flushmount
<b>[7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . . <b>8/8/2014</b> . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . <b>527</b> . . . . This Water Well Record was completed on (mo/day/yr) <b>8/11/14</b> under the business name of <b>GeoCore, Inc.</b> by (signature) _____					
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.					