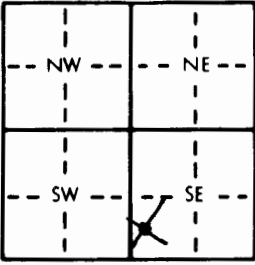


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number						
County: McPherson		SE 1/4 SW 1/4 SE 1/4	8	T 20 S	R 2 W						
Distance and direction from nearest town or city street address of well if located within city? 5 miles East & 3 miles South of Mc Pherson											
2 WATER WELL OWNER: Darrell Davis											
RR#, St. Address, Box # : R.R. 4											
City, State, ZIP Code : Galva, KS 67443											
Board of Agriculture, Division of Water Resources Application Number:											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 58 ft. ELEVATION:									
		Depth(s) Groundwater Encountered 1. 10 ft. 2. 10 ft. 3. 10 ft.									
		WELL'S STATIC WATER LEVEL 10 ft. below land surface measured on mo/day/yr 8-17-94									
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Est. Yield 10-15 gpm: Well water was 37 ft. after 1 hours pumping 10 gpm									
Bore Hole Diameter 8 in. to 58 ft. and _____ in. to _____ ft.											
WELL WATER TO BE USED AS:											
1 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 X If yes, mo/day/yr sample was submitted _____											
Water Well Disinfected? Yes X No _____											
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____											
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____											
7 Fiberglass Threaded _____											
Blank casing diameter 5 in. to 40 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.											
Casing height above land surface 12 in. weight 2.37 lbs./ft. Wall thickness or gauge No. 214											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____											
9 ABS 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)											
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes											
7 Torch cut 10 Other (specify) _____											
SCREEN-PERFORATED INTERVALS: From 40 ft. to 58 ft. From _____ ft. to _____ ft.											
From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From 25 ft. to 58 ft. From _____ ft. to _____ ft.											
From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____											
Grout Intervals: From 5 ft. to 25 ft. From _____ ft. to _____ ft.											
What is the nearest source of possible contamination:											
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well											
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____											
13 Insecticide storage											
Direction from well? South west How many feet? 75 ft											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		5		Top Soil							
5		19		Fine Sand							
19		26		Sandy Tan Clay							
26		38		Fine Sand & Clay Streaks							
38		47		Sandy White Clay							
47		55		Fine Sand With Clay Streaks							
55		58		Green Shale							
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) 8-17-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 8-23-94 under the business name of Peterson Irrigation Inc. by (signature) <i>Mike Peterson</i>											
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.											

OFFICE USE ONLY

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