

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number						
County: McPherson		NW ¼ NW ¼ SW ¼	27	T 20 S	R 3 EW						
Distance and direction from nearest town or city street address of well if located within city? 1/2 mile South and 1 mile West of Elyria, KS											
2 WATER WELL OWNER: Larry Stucky RR#, St. Address, Box #: RR 1 City, State, ZIP Code: McPherson, KS 67460											
Board of Agriculture, Division of Water Resources Application Number: 42,159											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 80 ft. ELEVATION:									
N <table border="1" style="margin: auto; width: 150px; height: 150px;"><tr><td style="padding: 5px;">NW</td><td style="padding: 5px;">NE</td></tr><tr><td style="text-align: center; vertical-align: middle;">X</td><td></td></tr><tr><td style="padding: 5px;">SW</td><td style="padding: 5px;">SE</td></tr></table> S		NW	NE	X		SW	SE	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		NW	NE								
		X									
		SW	SE								
WELL'S STATIC WATER LEVEL . . . 48 . . . ft. below land surface measured on mo/day/yr . . . 6/27/96											
Pump test data: Well water was . . . 70 . . . ft. after . . . 2 . . . hours pumping . . . 500 . . . gpm											
Est. Yield gpm: Well water was ft. after hours pumping gpm											
Bore Hole Diameter . . . 30 . . . in. to . . . 80 . . . 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)											
☒ Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well											
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 iron 8 Concrete tile CASING JOINTS: Glued ☒ Clamped											
☒ PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded											
Blank casing diameter . . . 16 . . . in. to . . . 40 . . . ft., Dia in. to ft., Dia in. to ft.											
Casing height above land surface . . . 12 . . . in., weight . . . 16.15 . . . lbs./ft. Wall thickness or gauge No. . . 500 . . .											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement											
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)											
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											
3 Torch cut 10 Other (specify)											
SCREEN-PERFORATED INTERVALS: From . . . 40 . . . ft. to . . . 80 . . . ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From . . . 20 . . . ft. to . . . 80 . . . 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 . . . 0 . . . ft. to . . . 20 . . . ft., From ft. to ft., From ft. to ft.											
What is the nearest source of possible contamination: None within 1/4 mile 10 Livestock pens 14 Abandoned water well											
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well											
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage											
Direction from well? How many feet?											
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS						
0	2	Top Soil									
2	25	Brown Clay									
25	40	Gray Clay									
40	79	Medium to coarse sand									
79	80	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) . . . 6/27/96 . . . 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) . . 7/22/96 . . . under the business name of Peterson Irrigation, Inc. by (signature) Mike Petersen											
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.											