

1 LOCATION OF WATER WELL: County: <u>McPherson</u>		Fraction <u>1/4 NE 1/4 NE 1/4</u>		Section Number <u>30</u>	Township Number <u>T 20</u>		Range Number <u>S 3</u>		E/W																														
Distance and direction from nearest town or city street address of well if located within city? <u>5 S 1 West McPherson</u>																																							
2 WATER WELL OWNER: <u>Andean Horn</u> RR#, St. Address, Box #: <u>Rd 1 Box 85</u> City, State, ZIP Code: <u>McPherson 67460</u>					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: <u>70</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>55</u> ft. 2. <u>55</u> ft. 3. <u>4/29/92</u> ft. WELL'S STATIC WATER LEVEL <u>55</u> ft. below land surface measured on mo/day/yr 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: 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 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 <u>X</u> No																																				
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>5'</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) <u>N/A</u> 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) <u>N/A</u> SCREEN-PERFORATED INTERVALS: From <u>N/A</u> ft. to <u>N/A</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: 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 <u>35</u> ft. to <u>5</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 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? _____																																							
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td></td><td></td><td></td><td><u>70</u></td><td><u>55</u></td><td><u>Send Bentonite</u></td></tr><tr><td></td><td></td><td></td><td><u>55</u></td><td><u>5</u></td><td><u>N/A: well was in bottom</u></td></tr><tr><td></td><td></td><td></td><td><u>0</u></td><td><u>5</u></td><td><u>of existing well house</u></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td><u>pit.</u></td></tr></tbody></table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				<u>70</u>	<u>55</u>	<u>Send Bentonite</u>				<u>55</u>	<u>5</u>	<u>N/A: well was in bottom</u>				<u>0</u>	<u>5</u>	<u>of existing well house</u>						<u>pit.</u>
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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) <u>4/29/92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1500</u> This Water Well Record was completed on (mo/day/yr) <u>4/30/92</u> under the business name of _____ by (signature) <u>X Andean Horn</u>																																							
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.																																							