

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>McPHERSON</u>		<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>26</u>	T <u>20</u> S	R <u>4</u> <u>SW</u>
Distance and direction from nearest town or city? <u>1 mi. South of GROVELAND, KS.</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>Arden Penner</u>					
RR#, St. Address, Box #: <u>RT. I</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Inman, KS</u>			Application Number:		
3 DEPTH OF COMPLETED WELL: <u>114</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>114</u> ft., and _____ in. to _____ ft.					
Well Water to be used as:					
<input checked="" type="checkbox"/> Domestic		3 Feedlot		8 Air conditioning	
2 Irrigation		4 Industrial		9 Dewatering	
		5 Public water supply		11 Injection well	
		6 Oil field water supply		12 Other (Specify below)	
		7 Lawn and garden only		10 Observation well	
Well's static water level: <u>50</u> ft. below land surface measured on <u>12</u> month <u>14</u> day <u>1979</u> year					
Pump Test Data: Well water was <u>50</u> ft. after <u>1 1/2</u> hours pumping. <u>10</u> gpm					
Est. Yield <u>50</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
Blank casing dia: <u>4</u> in. to <u>96</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface: <u>12</u> in., weight <u>2 1/2</u> lbs./ft. Wall thickness or gauge No. <u>215</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
				8 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
Screen or Perforation Openings Are:					
1 Continuous slot		<input checked="" type="checkbox"/> 3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
Screen-Perforation Dia: <u>4</u> in. to <u>114</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>96</u> ft. to <u>114</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals: From <u>114</u> ft. to <u>16</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
5 GROUT MATERIAL:					
<input checked="" type="checkbox"/> 1 Neat cement		2 Cement grout		3 Bentonite	
				4 Other	
Grouted Intervals: From <u>16</u> ft. to <u>4</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Cess pool		7 Sewage lagoon	
2 Sewer lines		5 Seepage pit		8 Feed yard	
3 Lateral lines		6 Pit privy		<input checked="" type="checkbox"/> 9 Livestock pens	
				10 Fuel storage	
				11 Fertilizer storage	
				12 Insecticide storage	
				13 Watertight sewer lines	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well: <u>West</u> How many feet: <u>250</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>					
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____					
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.					
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (<input checked="" type="checkbox"/> constructed) (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>12</u> month <u>14</u> day <u>1979</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u>					
This Water Well Record was completed on <u>12</u> month <u>27</u> day <u>79</u> year under the business name of <u>PETERSON IRRIGATION INC.</u> by (signature) <u>Mike Peterson</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		0 5 Top soil			
		5 40 Brown Clay			
		40 53 Brown sandy clay			
		53 64 Gray sandy clay			
		64 73 Med. sand			
		73 78 Gray sandy clay			
		78 93 Med. sand			
		93 99 Brown sandy clay			
		99 115 Med. equas sands			
		115 117 Green clay			
ELEVATION: _____					
Depth(s) Groundwater Encountered 1. <u>64</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					
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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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FWD

SEC

SE 1/4 SE 1/4 SW 1/4