

1 LOCATION OF WATER WELL County: <u>Mopaherson</u>		X Fraction <u>N 1/4 Sec 1 E 1/4 Twp 2 S R 5 W</u>	X Section Number <u>32</u>	Township Number <u>20 S</u>	X Range Number <u>R 5 EW</u>																																										
Distance and direction from nearest town or city? <u>Windem</u>			Street address of well if located within city?																																												
2 WATER WELL OWNER: <u>Cari Peterson</u> RR#, St. Address, Box #: <u>BR2</u> City, State, ZIP Code: <u>Inman KS.</u>			Board of Agriculture, Division of Water Resources Application Number:																																												
3 DEPTH OF COMPLETED WELL: <u>81</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>8 1/2</u> in. to _____ ft. Well water to be used as: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <u>27</u> ft. below land surface measured on _____ month <u>30</u> day <u>79</u> year Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																															
4 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 Blank casing dia _____ in. to _____ Dia _____ in. to _____ Dia _____ in. to _____ Casing height above land surface _____ in., weight <u>250 wall</u> lbs./ft. Wall thickness or gauge No. <u>250 +</u> 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 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 7 Wire wrapped 9 Drilled holes Screen-Perforation Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Screen-Perforated Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. Gravel Pack Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																															
5 GROUT MATERIAL: GROUTED INTERVALS: FROM <u>3</u> ft. TO <u>13</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 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) Direction from well <u>S E</u> How many feet <u>100</u> ? Water Well Disinfected? Yes X No Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No X 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 (1) constructed, (2) reconstructed or (3) plugged under my jurisdiction and was completed on _____ month <u>30</u> day <u>79</u> year <u>1980</u> . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Bachhus Drilling</u> by signature <u>[Signature]</u>																																															
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th></tr></thead><tbody><tr><td>9</td><td>2</td><td>Top Soil</td><td></td><td></td><td></td></tr><tr><td>2</td><td>35-</td><td>Red Clay</td><td></td><td></td><td></td></tr><tr><td>35</td><td>37</td><td>Fine Sand</td><td></td><td></td><td></td></tr><tr><td>37</td><td>74</td><td>Red Clay</td><td></td><td></td><td></td></tr><tr><td>74</td><td>81</td><td>sandy water</td><td></td><td></td><td></td></tr><tr><td></td><td>81</td><td>Rock</td><td></td><td></td><td></td></tr></tbody></table>				FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	9	2	Top Soil				2	35-	Red Clay				35	37	Fine Sand				37	74	Red Clay				74	81	sandy water					81	Rock			
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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.																																															