

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																							
County: <u>McPherson</u>		<u>SW 1/4 NW 1/4 NW 1/4</u>		<u>9</u>		<u>T 21 S</u>		<u>R 3</u>																																																							
Distance and direction from nearest town or city street address of well if located within city? <u>6 mi EAST & 3/4 mi NORTH of INMAN, KS.</u>																																																															
2 WATER WELL OWNER: <u>DON FROESE</u>																																																															
RR#, St. Address, Box # : <u>RR #1</u>																																																															
City, State, ZIP Code : <u>INMAN, KS. 67546</u>																																																															
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																																															
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> </div> <div> 4 DEPTH OF COMPLETED WELL: <u>165</u> ft. ELEVATION: <u>1000</u> ft. Depth(s) Groundwater Encountered 1. <u>42</u> ft. 2. <u>42</u> ft. 3. <u>42</u> ft. WELL'S STATIC WATER LEVEL <u>42</u> ft. below land surface measured on mo/day/yr <u>7-26-84</u> Pump test data: Well water was <u>75</u> ft. after <u>1</u> hours pumping <u>1000</u> gpm Est. Yield <u>1500</u> gpm: Well water was <u>75</u> ft. after <u>1</u> hours pumping <u>1000</u> gpm Bore Hole Diameter <u>30</u> in. to <u>165</u> ft., and <u>165</u> in. to <u>165</u> 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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes <u> </u> No <u> </u>; If yes, mo/day/yr sample was submitted <u> </u> Water Well Disinfected? Yes <u> </u> No <u> </u> </div> </div>																																																															
5 TYPE OF BLANK CASING USED:																																																															
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u> </u> Clamped <u> </u> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <u> </u> 7 Fiberglass Threaded <u> </u> Blank casing diameter <u>16</u> in. to <u>113</u> ft. Dia <u> </u> in. to <u> </u> ft. Dia <u> </u> in. to <u> </u> ft. Casing height above land surface <u>12</u> in., weight <u>35</u> lbs./ft. Wall thickness or gauge No. <u>75</u> 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) <u> </u> 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) <u> </u> SCREEN-PERFORATED INTERVALS: From <u>113</u> ft. to <u>165</u> ft. From <u> </u> ft. to <u> </u> ft. GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>165</u> ft. From <u> </u> ft. to <u> </u> ft. From <u> </u> ft. to <u> </u> ft. From <u> </u> ft. to <u> </u> ft.																																																															
6 GROUT MATERIAL:																																																															
1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u> </u> Grout Intervals: From <u>5</u> ft. to <u>15</u> ft. From <u> </u> ft. to <u> </u> ft. From <u> </u> ft. to <u> </u> 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) <u> </u> 13 Insecticide storage <u> </u> Direction from well? <u>NONE within 1/4 mile</u> How many feet? <u> </u>																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <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>0</td> <td>5</td> <td>TOP SOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>18</td> <td>RED CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>46</td> <td>BROWN CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>46</td> <td>68</td> <td>WHITE SANDY CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>68</td> <td>87</td> <td>MEDIUM SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>87</td> <td>89</td> <td>GREEN CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>89</td> <td>164</td> <td>MEDIUM SAND w/SMALL CLAY LAYERS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>164</td> <td>165</td> <td>GREEN SHALE</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	5	TOP SOIL				5	18	RED CLAY				18	46	BROWN CLAY				46	68	WHITE SANDY CLAY				68	87	MEDIUM SAND				87	89	GREEN CLAY				89	164	MEDIUM SAND w/SMALL CLAY LAYERS				164	165	GREEN SHALE			
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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>7-26-84</u> 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 (mo/day/yr) <u>7-26-84</u> under the business name of <u>PETERSON IRRIGATION, INC.</u> by (signature) <u>Mike Peterson</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.																																																															