

1 LOCATION OF WATER WELL: County: <u>Harvey</u>	Fraction SW $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number <u>28</u>	Township Number T <u>22</u> S	Range Number R <u>3</u> W
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Distance and direction from nearest town or city street address of well if located within city?

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2 WATER WELL OWNER: <u>KCC-KDHE Groundwater Management Dist. #2</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : <u>313 Spruce</u>	Application Number:
City, State, ZIP Code : <u>Halstead, Ks. 67056</u>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>220</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr <u>3/19/86</u> 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 <u>5</u> in. to <u>2 1/2</u> in. to 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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes.....No. <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes.....No <u>X</u>

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped.....
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	Welded.....
Blank casing diameter <u>2</u> in. to <u>20 7/8</u> in. Dia. in. to ft. Dia. in. to ft.			Threaded.....
Casing height above land surface <u>36</u> in., weight <u>Class 160</u> PSI lbs./ft. Wall thickness or gauge No. <u>117</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
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)
SCREEN-PERFORATED INTERVALS: From <u>207</u> ft. to <u>219</u> ft., From ft. to ft.			
GRAVEL PACK INTERVALS: From <u>187</u> ft. to <u>219</u> ft., From ft. to ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Intervals: From <u>0</u> ft. to <u>187</u> 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? <u>NONE</u>			How many feet?	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Sandy Top Soil	219	219	Red Shale
3	14	Brown Clay			
14	20	Tan Clay			
20	29	Brown Sandy Clay			
29	33	Fine Sand			
33	41	Brown Clay			
41	68	Medium Brown Sand			
68	71	Tan Clay			
71	85	Fine to Medium Sand			
85	101	Brown Clay			
101	117	Gray Clay			
117	127	Brown Clay			
127	186	Medium Sand			
186	188	Tan Clay			
188	219	Medium Sand			

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>3-19-86</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>4-3-86</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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.