

# WATER WELL RECORD

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Reno</u><br>Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/><br><u>3 miles west &amp; 2-1/4 miles North of</u><br><u>Pretty Prairie</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Fraction <u>1/4</u> <u>Near</u> <u>1/4</u> <u>Ctr</u> <u>1/4</u> <u>NE</u> <u>1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | Section Number <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Township No. <u>T 26 S</u> |  | Range Number <u>R 7</u> <input type="checkbox"/> <u>E</u> <input checked="" type="checkbox"/> <u>W</u> |  |      |    |                |      |    |                                          |   |   |         |  |  |  |   |   |                   |  |  |  |   |    |                      |  |  |  |    |    |                  |  |  |  |    |    |                                                      |  |  |  |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b> <u>Kirk Larson</u><br>RR#, Street Address, Box #: <u>22715 S. Dean Rd.</u><br>City, State, ZIP Code: <u>Pretty Prairie, KS 67570</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | <b>Global Positioning System (GPS) information:</b><br>Latitude: ..... (in decimal degrees)<br>Longitude: ..... (in decimal degrees)<br>Elevation: .....<br>Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: .....)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m |                                          |                            |  |                                                                                                        |  |      |    |                |      |    |                                          |   |   |         |  |  |  |   |   |                   |  |  |  |   |    |                      |  |  |  |    |    |                  |  |  |  |    |    |                                                      |  |  |  |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b><br>N<br>W<br>E<br>S<br>-----1 mile-----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>75</u> ft.<br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>38</u> ft. below land surface measured on mo/day/yr. <u>12/18/12</u> ...<br>Pump test data: Well water was..... ft. after..... hours pumping..... gpm<br>EST. YIELD. <u>600-800</u> gpm. Well water was..... ft. after..... hours pumping..... gpm<br>Bore Hole Diameter <u>30</u> in. to <u>75</u> ft. and ..... in. to ..... ft.<br>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well<br><input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well .....<br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, mo/day/yr sample was submitted.....<br>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                            |  |                                                                                                        |  |      |    |                |      |    |                                          |   |   |         |  |  |  |   |   |                   |  |  |  |   |    |                      |  |  |  |    |    |                  |  |  |  |    |    |                                                      |  |  |  |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....<br>CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter ..... <u>16</u> in. to ..... <u>35</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface..... <u>24</u> in., Weight ..... <u>16.15</u> lbs./ft., Wall thickness or gauge No. .... <u>500</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br><input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)<br><input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From..... <u>35</u> ft. to ..... <u>75</u> ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From..... <u>23</u> ft. to ..... <u>75</u> ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft. |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                            |  |                                                                                                        |  |      |    |                |      |    |                                          |   |   |         |  |  |  |   |   |                   |  |  |  |   |    |                      |  |  |  |    |    |                  |  |  |  |    |    |                                                      |  |  |  |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other .....<br>Grout Intervals: From..... <u>1</u> ft. to ..... <u>23</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br><input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)<br><input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well<br><input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well .....<br>Direction from well ..... Distance from well .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                            |  |                                                                                                        |  |      |    |                |      |    |                                          |   |   |         |  |  |  |   |   |                   |  |  |  |   |    |                      |  |  |  |    |    |                  |  |  |  |    |    |                                                      |  |  |  |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>Topsoil</td><td></td><td></td><td></td></tr><tr><td>2</td><td>5</td><td>Clay, sandy brown</td><td></td><td></td><td></td></tr><tr><td>5</td><td>16</td><td>Sand, fine to coarse</td><td></td><td></td><td></td></tr><tr><td>16</td><td>25</td><td>Clay, light grey</td><td></td><td></td><td></td></tr><tr><td>25</td><td>73</td><td>Sand, fine to coarse w/gravel, Clay streak at 50 ft.</td><td></td><td></td><td></td></tr><tr><td>73</td><td>75</td><td>Shale, red</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                            |  |                                                                                                        |  | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | 0 | 2 | Topsoil |  |  |  | 2 | 5 | Clay, sandy brown |  |  |  | 5 | 16 | Sand, fine to coarse |  |  |  | 16 | 25 | Clay, light grey |  |  |  | 25 | 73 | Sand, fine to coarse w/gravel, Clay streak at 50 ft. |  |  |  | 73 | 75 | Shale, red |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LITHO. LOG (cont.) or PLUGGING INTERVALS |                            |  |                                                                                                        |  |      |    |                |      |    |                                          |   |   |         |  |  |  |   |   |                   |  |  |  |   |    |                      |  |  |  |    |    |                  |  |  |  |    |    |                                                      |  |  |  |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 25 | Clay, light grey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                            |  |                                                                                                        |  |      |    |                |      |    |                                          |   |   |         |  |  |  |   |   |                   |  |  |  |   |    |                      |  |  |  |    |    |                  |  |  |  |    |    |                                                      |  |  |  |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 75 | Shale, red                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                            |  |                                                                                                        |  |      |    |                |      |    |                                          |   |   |         |  |  |  |   |   |                   |  |  |  |   |    |                      |  |  |  |    |    |                  |  |  |  |    |    |                                                      |  |  |  |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) ... <u>12/18/12</u> ..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. .... <u>138</u> ..... This Water Well Record was completed on (mo/day/year) ... <u>12/19/12</u> .....<br>under the business name of ... <u>Peterson Irrigation, Inc.</u> ..... by (signature)..... <u>Mike Peterson</u> .....<br><b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                            |  |                                                                                                        |  |      |    |                |      |    |                                          |   |   |         |  |  |  |   |   |                   |  |  |  |   |    |                      |  |  |  |    |    |                  |  |  |  |    |    |                                                      |  |  |  |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |