1 LOCATION OF WATER WELL: County:RENO		Fraction SW 1/4 SE 1/4 SW 1/4		Section 23	Number	Township Number 23 SOUTH		Range Number 4 WEST		
				address of well if loca			VAY 50 INTERSE	CTION		
RR#, S	R WELL OW t. Address, I tate, ZIP Co	Box #: 313 SP	BEDS GROUN RUCE STREET EAD, KS 67056		ENT DISTR	Board of	Agriculture, Divis		Vater Resource	\$
	E WELL'S L	OCATION CTION BOX:	DEPTH OF COMPLETED WELL 80 feet ELEVATION: feet Depth Groundwater Encountered 1 feet 2 feet 3 feet							
	w	E	WELL'S STATIC WATER LEVEL 9.01 feet below land surface measured on 12/5/00 mo/day/yr Pump test data: Well water was feet after hrs pumping gpm Estimated Yield gpm: Well water was feet after hrs pumping gpm Bore Hole Diameter 6.0 inch to 82 feet and inch to feet  WELL WATER IS USED AS: 5 Public water supply 8 Air conditioning 11 Injection 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (specify belo							
	<u>X</u>	mile S	Was a chemical/bacteriological sample submitted to Department? NO ; If yes, when mm/dd/yy sample was submitted Water Well Disinfected? NO							
5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS Glued Clamped    1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)   Welded   Threaded     2 PVC 4 ABS 7 Fiberglass   Threaded   Threaded     3 Intervention of the pounds of the pound										
From feet to feet to feet to feet  6 GROUT MATERIAL: 1 Neat cement ☑ 2 Cement grout □ 3 Bentonite ☑ 4 Other □ ———————————————————————————————————										
Grout Intervals: From 1) 65 feet to 12 feet , From 3) 12 feet to 0 feet , From  What is the nearest source of possible contamination:  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  13 Insecticide storage  Direction from well?  NORTHEAST How many feet? 150										
FROM	TO		LITHOLOGIC		FROM	ľ		LITE	OLOGIC LOG	
0.0 5.0	5 11	LOAM, b								
11	15	CLAY, gr	ay, silty w/s	sand cre						
15	30			ay, gray brn				·		
30	35	SAND, c		ay, gray orr	<u> </u>	<b></b>	<del>                                     </del>			
35	45	•	ay-green, s	silty		<del> </del>				
46	46.5	SAND, m								
46.5	63	•	ty, w/sand,	fine-med		<b>†</b>				
63	65		ne to medic							
65	79		ned-crs, w/g							
79	80	SAND, fil	ne, w/clay,	gray-green						
80	82		ay-green	· <del>-</del>						
		<u> </u>	<del></del>			T				
z own	IEB'S CED	TIFICATION	This water w	vell was constructed	on 10/27/	00(mo/de	//vear under m	/ juried	liction and thi	s record is true to
the best	of my know	viedge and b	elief. This Wa	ter Well Record wa	s complete	d on 2/8/	01(mo/day/year	) unde	r the busines	
Beds Gr	oundwater	<u>Managemer</u>	nt District No.	2. Kansas Water W	ell License	No. not a	pplicable.		Rase	

(Signature and Title)

			WAIL	H WELL RECORD	Form WWC	5 KSA 828	3-1212				
<b>⊢</b> / / /		ER WELL:	Fraction		\ I	ection Number				Number	
County: KE	<u> </u>			SW 1/4 S		23	T 23	<u>s</u>	R	<b>■®W</b> )	
Distance and direction from nearest town or city street address of well if located within city?  3 3/4 Mi W Of Burton () 5/0/4											
2 WATER	WELL OW	NERGMO '	2_	<u> </u>	10 0.0						
		(# 313 SPU					Board o	of Agriculture, D	nivision of Wa	ster Resources	
City, State, 2		:Hals+	-1	67050				tion Number:	. 1) -15	) //	
			<del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>	OMPLETED WELL.	$\sim$	ft FLEVA					
AN "X" IN	SECTION	.i. D∩∨. ⊢	4	water Encountered						ft.	
-	1			WATER LEVEL						~~	
1	_ i _			test data: Well w						· · · · · · · · · · · · · · · · · · ·	
	NW	NE		gpm: Well w					-	ı	
	!			eter . 🥏 in.							
w —		E								1 6	
-	- 1			O BE USED AS:	5 Public wa		8 Air condition	4.0	Injection well		
1	- SW	SE	1 Domestic	3 Feedlot	6 Oil field w		9 Dewatering		Other (Specif	· 1 m	
	1	· •	2 Irrigation	4 Industrial			10 Monitoring	•		, ,	
∤				bacteriological samp	le submitted to					<b>A</b> '   ' '	
	9		mitted				ater Well Disinfe		No No		
5 TYPE OF	BLANK C	CASING USED:		5 Wrought iron		rete tile		JOINTS: Glued		1 '	
1 Stee	el	3 RMP (SR)	)	6 Asbestos-Ceme	nt 9 Othe	r (specify belo	w)				
2 PVC	<u>i</u>	4 ABS	70	7 Fiberglass							
Blank casing	g diameter	المستنب المستناد	n. to	ft., Dia			ft., Dia				
Casing heigh	ht above la	and surface 5	.6	.in., weight ڪڪ	C.70	Ibs.	ft. Wall thickne	ss or gauge No	<b>)</b> <i></i>		
TYPE OF S	CREEN O	R PERFORATION	MATERIAL:		<u>7 P</u>	VC	10 /	Asbestos-ceme	nt		
1 Stee	el	3 Stainless	steel	5 Fiberglass	8 F	MP (SR)	11 (	Other (specify)			
2 Bras	ss	4 Galvanize	d steel	6 Concrete tile	9 A	BS	12	None used (op	en hole)		
SCREEN OF	R PERFOR	RATION OPENING	SS ARE:	5 <b>G</b> a	uzed wrapped		8 Saw cut		11 None (o	pen hole)	
1 Cont	tinuous slo	t 3 Mill	l slot	6 Wi	re wrapped		9 Drilled hole	es			
2 Louv	vered shutt	er 4 Kev	y punched	7 To	rch cut		10 Other (spe	ecify)			
		ED INTERVALS:	From	<b>9</b> ft. to	. <b>80</b>	ft Fro	om				
			From				om				
GF GF	RAVEL PA	CK INTERVALS:					om				
<u> </u>			From	ft. to	_	ft., Fro				ft.	
6 GROUT I	MATERIAL	.: 1 Neat ce		2 Cement grout			Other				
Grout Interv				ft., From 1.C							
		ource of possible o				•	stock pens		pandoned wa	1	
1	tic tank	4 Latera		7 Pit privy		11 Fuel	•		il well/Gas w	1	
· •	er lines	5 Cess i		8 Sewage	lagoon		lizer storage	ge 16 Other (specify below)			
1		er lines 6 Seepa		9 Feedyard	•		cticide storage				
Direction fro	-	ei iiiles o ocepa	ige pit	3 T ccayard			any feet?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FROM	TO		LITHOLOGIC	LOG	FROM	TO	iny leet:	PLUGGING II	NTERVALS		
0	3	T<								- Section of the sect	
7	q	Clay									
		Ciaq									
9	7-	med So	inel								
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<u>l</u>	· .					_1l					
7 CONTRA	ACTOR'S	OR LANDOWNER	S CERTIFICAT	ION: This water wel	l was (1) const	ucted, (2) rec	onstructed, or (	3) plugged und	er my jurisdi	ction and was	
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) and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No. 53.7 This Water Well Record was completed on (mo/day/yr)											
under the bu			ers Ori			by (signa		o Ila			
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											
I	., J., J. USB LY	pominor or ball point pe		0-0001 Telephone: 913-2	00.5545 0	AMATER MELL C	MAIED and retain a	no for your records			