

1 LOCATION OF WATER WELL: County: <u>Reno</u>		Fraction: <u>SE 1/4 SW 1/4</u>		Section Number: <u>12</u>		Township Number: <u>T 23 S</u>		Range Number: <u>R 5 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 East of Mayfield on 30th</u>									
2 WATER WELL OWNER: <u>Don King</u>									
RR#, St. Address, Box # : City, State, ZIP Code :					Board of Agriculture, Division of Water Resources Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <u>75</u> ft. ELEVATION:						
			Depth(s) Groundwater Encountered 1. <u>10</u> ft. 2. _____ ft. 3. _____ ft.						
			WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr <u>9-20-96</u>						
			Pump test data: Well water was <u>50</u> ft. after <u>12</u> hours pumping _____ gpm						
			Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm						
			Bore Hole Diameter <u>12</u> in. to <u>75</u> ft. and _____ in. to _____ ft.						
			WELL WATER TO BE USED AS:						
			<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well						
			Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; If yes, mo/day/yr sample was submitted _____						
			Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
5 TYPE OF BLANK CASING USED:									
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile    CASING JOINTS <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> Welded <input type="checkbox"/> Blank casing diameter <u>5</u> in. to <u>60</u> ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.									
Casing height above land surface _____ in., weight <u>SDR26</u> lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>75</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>55</u> ft. to <u>75</u> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____									
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
<input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage									
Direction from well? <u>SE</u> How many feet? <u>100</u>									
LITHOLOGIC LOG									
FROM	TO	LITHOLOGIC LOG						FROM	TO
0	10	<u>Sand F</u> <u>Sand &amp; clay</u> <u>Sand F</u> <u>clay</u> <u>Sand F</u>						PLUGGING INTERVALS	
10	15								
15	20								
20	25								
25	30								
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35	40								
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