

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>SW 1/4 SE 1/4 NE 1/4</u>	<u>12</u>	<u>T 23 S</u>	<u>R 5 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3 mi. E, 1/2 N of Hutchinson - 7104 E 11th</u>					
2 WATER WELL OWNER: <u>Lisa Anthony</u>					
RR#, St. Address, Box # : <u>7104 E 11th</u>					
City, State, ZIP Code : <u>Hutch, KS 67501</u>					
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>80</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>5-30-97</u>			
		Pump test data: Well water was <u>33</u> ft. after <u>1</u> hours pumping <u>25</u> gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>8.3</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well <input type="checkbox"/> Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)			
		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 <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought iron <input type="checkbox"/> Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Other (specify below) Welded _____ <input type="checkbox"/> Fiberglass Threaded _____					
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 <u>12</u> in., weight <u>2.28</u> lbs./ft. Wall thickness or gauge No. <u>160</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Asbestos-cement <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauzed wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Drilled holes <input type="checkbox"/> Torch cut <input type="checkbox"/> Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.					
From <u>45</u> ft. to <u>83</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____					
Grout Intervals: From <u>3</u> ft. to <u>23</u> ft., From <u>40</u> ft. to <u>45</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cess pool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Insecticide storage					
Direction from well? <u>W</u> How many feet? <u>110</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	F Sand			
7	14	Sandy Br & Gr Clay			
14	20	F Sand			
20	47	Sandy Br & Gr Clay			
47	55	F Sand - Sun layers clay			
55	83	F Sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-30-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>447</u> This Water Well Record was completed on (mo/day/yr) <u>5-31-97</u> under the business name of <u>Miller Drilling</u> by (signature) <u>Eg Miller</u>					