

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Reno		NE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	17	T 23 S	R 5 E
Distance and direction from nearest town or city street address of well if located within city? 2021 E. 4th Avenue, Hutchinson, Kansas					
2 WATER WELL OWNER: T & E Oil Company, Inc.					
RR#, St. Address, Box # : 911 N. Halstead Street			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Hutchinson, Kansas 67501			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 25.0 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 15.5 ft. 2 ft. 3 ft.			
		WELL'S STATIC WATER LEVEL 13.28 ft. below land surface measured on mo/day/yr 10/27/04			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8.5 in. to 25.0 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No X					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
Blank casing diameter 2.375 in. to 10.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass	Threaded X		
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)			
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
SCREEN-PERFORATED INTERVALS:		7 Torch cut	10 Other (specify) _____		
From 25.0 ft. to 10.0 ft.		From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft.			
From 25.0 ft. to 4.5 ft.		From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other _____	
Grout Intervals From 0.0 ft. to 1.5 ft.		From 1.5 ft. to 4.5 ft.	From _____ ft. to _____ ft.		
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage (former)	15 Oil well/ Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below) _____
Direction from well? North		How many feet? 5			
LITHOLOGIC LOG					
FROM	TO	CODE			
0.0	0.8		Gravel		
0.8	9.0		Brown-red brown sandy, very silty clay, firm, slightly moist		
9.0	13.0		Brown-red brown sandy, very silty clay, firm, slightly moist, trace odor		
13.0	20.5		Gray brown-red brown silty, very fine-coarse grained sand, moist, wet @15.5'		
20.5	25.0		Gray brown-red brown silty, very fine-coarse grained sand, increasing coarse grained sand with depth, wet, stained blue gray, strong odor		
RECEIVED					
NOV 17 2004					
BUREAU OF WATER					
Flush-mount well completion approved by Don Taylor, KDHE, BOW.					
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/yr) 10/13/04 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 692		This Water Well Record was completed on (mo/day/yr) 11/15/04		by (signature)	
under the business name of Quad State Services, Inc.					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

T

R

SEC