

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Reno</b>		<b>NE ¼ NW ¼ NE ¼</b>		<b>17</b>		<b>T 23 S</b>		<b>R 5 E</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>2021 E. 4<sup>th</sup> Avenue, Hutchinson, Kansas</b>									
2 WATER WELL OWNER: <b>T &amp; E Oil Company, Inc.</b>									
RR#, St. Address, Box # : <b>911 N. Halstead Street</b>									
City, State, ZIP Code : <b>Hutchinson, Kansas 67501</b>									
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 <b>25.0</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 <b>15.5</b> ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>13.77</b> ft. below land surface measured on mo/day/yr <b>10/26/04</b>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <b>8.5</b> in. to <b>25.0</b> 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 <b>X</b>									
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 _____									
7 Fiberglass _____ Threaded <b>X</b>									
Blank casing diameter <b>2.375</b> in. to <b>10.0</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>									
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) _____									
9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
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 10 Other (specify) _____									
7 Torch cut									
SCREEN-PERFORATED INTERVALS: From <b>25.0</b> ft. to <b>10.0</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>25.0</b> ft. to <b>4.5</b> 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 <b>0.0</b> ft. to <b>1.5</b> ft. From <b>1.5</b> ft. to <b>4.5</b> 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) _____									
13 Insecticide storage									
Direction from well? <b>South</b> How many feet? <b>20</b>									
LITHOLOGIC LOG									
FROM	TO	CODE							
<b>0.0</b>	<b>0.5</b>		<b>Concrete</b>						
<b>0.5</b>	<b>13.0</b>		<b>Brown-red brown sandy, very silty clay, firm, slightly moist</b>						
<b>13.0</b>	<b>25.0</b>		<b>Gray brown-red brown silty, very fine-coarse grained sand, moist, wet @15.5'</b>						
<b>RECEIVED</b> <b>NOV 17 2004</b> <b>BUREAU OF WATER</b>									
<b>Flush-mount well completion approved by Don Taylor, KDHE, BOW.</b>									
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) <b>10/13/04</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>11/15/04</b>									
under the business name of <b>Quad State Services, Inc.</b> by (signature) _____									
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