

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Reno</b>		<b>NE</b> ¼ <b>NW</b> ¼ <b>NE</b> ¼	<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>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <b>911 N. Halstead Street</b>		Application Number:			
City, State, ZIP Code : <b>Hutchinson, Kansas 67501</b>					
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>16.0</b> ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>13.22</b> ft. below land surface measured on mo/day/yr <b>10/27/04</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	
2 PVC		4 ABS		8 Concrete tile	
Blank casing diameter <b>2.375</b> in. to <b>10.0</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		6 Asbestos-Cement		9 Other (specify below) _____	
Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		8 RMP (SR)		Welded _____	
1 Steel		9 ABS		Threaded <b>X</b>	
2 Brass		10 Asbestos-cement			
4 Galvanized steel		11 Other (specify) _____			
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)			
1 Continuous slot		5 Gauzed wrapped		8 Saw cut	
2 Louvered shutter		6 Wire wrapped		11 None (open hole)	
3 Mill slot		7 Torch cut		9 Drilled holes	
4 Key punched		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <b>25.0</b> ft. to <b>10.0</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>25.0</b> ft. to <b>4.5</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		3 Bentonite		4 Other _____	
1 Neat cement		2 Cement grout			
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:		10 Livestock pens		14 Abandoned water well	
1 Septic tank		11 Fuel storage (former)		15 Oil well/ Gas well	
2 Sewer lines		12 Fertilizer storage		16 Other (specify below) _____	
3 Watertight sewer lines		13 Insecticide storage			
4 Lateral lines					
5 Cess pool					
6 Seepage pit					
7 Pit privy					
8 Sewage lagoon					
9 Feedyard					
Direction from well? <b>West</b>		How many feet? <b>55</b>			
FROM	TO	CODE	LITHOLOGIC LOG		
<b>0.0</b>	<b>0.7</b>		<b>Gravel</b>		
<b>0.7</b>	<b>6.5</b>		<b>Dark brown very silty clay, firm, moist</b>		
<b>6.5</b>	<b>13.0</b>		<b>Red brown very silty clay, very firm, moist</b>		
<b>13.0</b>	<b>18.5</b>		<b>Red brown silty, very fine-coarse grained sand, moist, wet @16.0'</b>		
<b>18.5</b>	<b>25.0</b>		<b>Red brown silty, very fine-coarse grained sand, wet, stained blue gray, strong odor</b>		
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) <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

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