SEC

ATER WELL RECORD	Form WWC-5	KSA 82a-1212	ID No.	MW-6

	ION OF WATE	R WELL:				Section Number	Township Number	er R	ange Number		
County:	R	eno	NE	½ NW			т 23	S R	5 EAV		
Distance ar	nd direction fro	om neares	t town or city stree	et address of we	II if located within	city?					
			ison, Kansas					,			
2 WATER WELL OWNER: T & E Oil Company, Inc.											
			N. Halstead S				Board of Agricultur	re, Division of	Water Resources		
City, State,	ZIP Code	: Hut	chinson, Kans	sas 67501			Application Number	er:			
3 LOCATI	E WELL'S LO	CATON V	/ITH 4				Application Number				
AN "X" I	N SECTION E	BOX:	DEPTH (	OF COMPLETE	D WELL	25.0 ft. ELEV	ATION:				
<b>.</b> –	N	x									
<b> </b>		^	WELL'S ST	ATIC WATER LI	EVEL 13.29	ft. below land su	ırface measured on m	io/day/yr	10/26/04		
	NW	NE	l l	Pump test data:	Well water was	ft.	afterh	ours pumping	gpm		
							afterh				
₩ W			E Bore Hole D	iameter 8.	5 in to	25.0	ft and	in to	ft		
17		į	WELL WAT	R TO BE USE	DAS: 5 Public	water supply	8 Air conditioning	11 Injec	tion well		
	sw	SF	1 Dom	estic 3 Feed	lot 6 Oil field	water supply	8 Air conditioning 9 Dewatering	12 Othe	r (Specify below)		
	1	1	2 Irriga	ition 4 Indus	trial 7 Lawn a	ind garden (domestic)	) (10) Monitoring wel	I			
▼			Was a chem	ical/bacteriologi	cal sample submi	tted to Department?	res No	If yes, mo/da	y/yr sample was		
	S		submitted				er Well Disinfected?				
5 TYPE O	F BLANK CAS	SING USE		5 Wroug	ght Iron 8	Concrete tile					
1 Ste			MP (SR)		-	Other (specify below					
( ) ( ) ( ) ( ) ( ) ( )		4 A									
_				7 Fiber					х		
							ft., Dia				
Casing heigh	ght above land	surface	Flush Moun	tin., weight			Wall thickness or gaug 10 Asbestos	ge NoS	ichedule 40		
TYPE OF S	CREEN OR F	PERFORA	TION MATERIAL			PVC	10 Asbestos	-cement			
1 Ste	eel	3 S	ainless steel alvanized steel	5 Fiber	glass	8 RMP (SR) 9 ABS	11 Other (sp	ecify)			
2 Bra				6 Conci	rete tile	9 ABS	12 None use	ed (open hole)	)		
l .			NINGS ARE:		5 Gauzed wr	apped	8 Saw cut	11 No	one (open hole)		
1 00	ntinuous slot	. (	3 Mill slot		6 Wire wrapp 7 Torch cut	cu	3 Dillied Holes				
							10 Other (specify)				
SCREEN-P	PERFORATED	INTERV					om				
			From		ft. to	ft. Fr	om	ft. to	ft.		
GR	AVEL PACK I	NTERVA	S: From	25.0	ft. to	<b>4.5</b> ft. Fr	om	ft. to	ft.		
			From								
6 GROUT	MATERIAL:	1 N	eat cement	Cement gr	out	3 Sentonite	om 4 Other				
							ft. From				
			ble contamination		"			4 Abandone			
1	ptic tank		4 Lateral li		7 Pit privy		orage (former) 1		1		
	wer lines		5 Cess poo		8 Sewage lagor	•		6 Other (spe			
1		lines	6 Caanaaa	-14	9 Feedyard		cide storage		ony bolow)		
Direction fro	-		0 Geepage	South	o i ecuyalu		•	75			
FROM	TO TO	CODE	6 Seepage	Journ		LITHOLOGIC LOG	eet?	10			
0.0	0.8	JODE	Concrete			LITTIOLOGIO LOG					
0.8	3.5			ilty clay, firm	, slightly moi	st					
3.5	12.0		Red brown ve								
12.0	25.0					d sand, increasi	ng coarse graine	d sand	· · · · · · · · · · · · · · · · · · ·		
	20.0		with depth, m			- Juliu, IIIOI 6451	g coarse graine	- Juliu			
			aopan, III	J. J	<b></b>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				-		,	RECE	IVED			
							KEUE				
								W 0001			
						- My 11	<del></del>	7 2004			
							BUREAU	OF WATE	R		
				Flush-mou	nt well comple	tion approved by	v Don Taylor, KD	HE. BOW			
Flush-mount well completion approved by Don Taylor, KDHE, BOW.											
7 CONTRA	ACTOR'S OR	LANDOW	NER'S CERTIFIC	ATION: This w	ater well was (1)	onstructed (2) recons	tructed, or (3) plugged	under my duri	sdiction and was		
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) 10/21/04 and this record is true to the best of my knowledge and belief c Kansas											
Water Well Contractor's License No. 692 This Water Well Record was completed by (mo/ogy/yr) 14/15/04											
	usiness name			uad State Se			(signature)	MI PARTY	7/		
						to Kansas Department	(signature) / of Health and Environme	ent. Bureau of	Water, 1000 S W		
Jackson	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										