

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Reno		NE ¼ NW ¼ NE ¼	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					
City, State, ZIP Code : Hutchinson, Kansas 67501					
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 25.0 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 16.5 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 13.25 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 _____					
7 Fiberglass _____ Threaded X					
Blank casing diameter 2.375 in. to 10.0 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
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) _____					
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					
7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 25.0 ft. to 10.0 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 25.0 ft. to 4.5 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 11 Fuel storage (former) 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____					
Direction from well? West-Northwest How many feet? 155					
FROM	TO	CODE	LITHOLOGIC LOG		
0.0	0.6		Topsoil		
0.6	12.5		Brown-red brown very silty clay, trace gravel, firm, slightly moist		
12.5	24.0		Red brown silty, very fine-coarse grained sand, increasing coarse grained sand with depth, slightly moist-moist, wet @16.5'		
24.0	25.0		Red brown silty, very fine-coarse grained sand, increasing coarse grained sand with depth, wet, very slight 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) 10/21/04 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					
under the business name of Quad State Services, Inc. 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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