

1 LOCATION OF WATER WELL: County: <u>Reno</u>		Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>		Section Number <u>12</u>		Township Number <u>T 23 S</u>		Range Number <u>R 5 EW</u>																																					
Distance and direction from nearest town or city street address of well if located within city? <u>2 mi. E of Hutchinson - 1112 N Mayfield Rd</u>																																													
2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code		Troy Showalter 10215 N Medora Rd Hutch. KS, 67502																																											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>71</u> ft. ELEVATION: _____																																											
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.																																											
		WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>1-24-98</u>																																											
		Pump test data: Well water was <u>29</u> ft. after <u>2</u> hours pumping <u>25</u> gpm																																											
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																											
		Bore Hole Diameter <u>9</u> in. to <u>74</u> ft. and _____ in. to _____ ft.																																											
WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well																																													
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____																																													
Water Well Disinfected? Yes <u>X</u> No _____																																													
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ <input checked="" type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>50</u> in. to <u>51</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in. weight <u>2.29</u> lbs./ft. Wall thickness or gauge No. <u>160</u>																																													
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 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																																													
SCREEN-PERFORATED INTERVALS: From <u>51</u> ft. to <u>71</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																													
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>27</u> ft. From _____ ft. to _____ ft. From <u>32</u> ft. to <u>74</u> ft. From _____ ft. to _____ ft.																																													
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other _____ Grout Intervals: From <u>3</u> ft. to <u>23</u> ft. From <u>27</u> ft. to <u>32</u> ft. From _____ ft. to _____ ft.																																													
What is the nearest source of possible contamination: <input checked="" type="radio"/> 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 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? <u>to E</u> How many feet? <u>100</u>																																													
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>19</td><td>F Sandy Br silt</td><td></td><td></td><td></td></tr><tr><td>19</td><td>37</td><td>Sandy Br + Gr Clay</td><td></td><td></td><td></td></tr><tr><td>37</td><td>64</td><td>F Sand + Br Clay Layers</td><td></td><td></td><td></td></tr><tr><td>64</td><td>71</td><td>F Sand</td><td></td><td></td><td></td></tr><tr><td>71</td><td>74</td><td>Br Clay</td><td></td><td></td><td></td></tr></tbody></table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	19	F Sandy Br silt				19	37	Sandy Br + Gr Clay				37	64	F Sand + Br Clay Layers				64	71	F Sand				71	74	Br Clay			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>1-24-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>447</u> This Water Well Record was completed on (mo/day/yr) <u>1-25-98</u> under the business name of <u>Miller Drilling</u> by (signature) <u>G Miller</u>																																													
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																													