

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Reno</b>		<b>N 1/4 SW 1/4 SW 1/4</b>	<b>12</b>	<b>T 23 S</b>	<b>R 5 E (W)</b>
Distance and direction from nearest town or city street address of well if located within city? <b>1/4 mi. N. of 4th st on Mayfield Rd E. of Hutchinson</b>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code:		<b>Hutchinson Kan 67502</b>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>58</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <b>5</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>5</b> ft. below land surface measured on mo/day/yr <b>2-20-84</b>			
		Pump test data: Well water was <b>18</b> ft. after <b>1</b> hours pumping <b>15</b> gpm			
		Est. Yield <b>20</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>12</b> in. to <b>58</b> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel		5 Wrought iron			
3 RMP (SR)		6 Asbestos-Cement			
4 ABS		9 Other (specify below)			
2 PVC		7 Fiberglass			
		8 Concrete tile			
Blank casing diameter <b>6</b> in. to <b>33</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Welded _____			
Casing height above land surface <b>12</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>255</b>		Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement			
1 Steel		8 RMP (SR)			
3 Stainless steel		11 Other (specify) _____			
2 Brass		9 ABS			
4 Galvanized steel		12 None used (open hole)			
6 Concrete tile					
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut			
1 Continuous slot		11 None (open hole)			
3 Mill slot					
2 Louvered shutter		9 Drilled holes			
4 Key punched		10 Other (specify) _____			
7 Torch cut					
SCREEN-PERFORATED INTERVALS: From <b>33</b> ft. to <b>58</b> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>13</b> ft. to <b>58</b> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		4 Other _____			
1 Neat cement		3 Bentonite			
2 Cement grout					
Grout Intervals: From <b>3</b> ft. to <b>13</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank		14 Abandoned water well			
4 Lateral lines		11 Fuel storage			
2 Sewer lines		15 Oil well/Gas well			
5 Cess pool		12 Fertilizer storage			
3 Watertight sewer lines		16 Other (specify below)			
6 Seepage pit		13 Insecticide storage			
9 Feedyard					
Direction from well? <b>South</b>		How many feet? <b>75</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Sandy soil			
2	4	sandy clay			
4	9	fine sand			
9	13	sandy clay			
13	26	fine sand			
26	32	clay			
32	35	sand			
35	47	clay			
47	53	sand			
53	56	clay			
56	57	Red shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>2-20-84</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>193</b> This Water Well Record was completed on (mo/day/yr) <b>2-22-84</b> under the business name of <b>Price Water Well Service</b> by (signature) <b>John Davenport</b>					
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

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