

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Reno</u>		<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>28</u>	<u>T 23 S</u>	<u>R 5 EW</u>		
Distance and direction from nearest town or city? <u>2 mi E of Hwy 50 &amp; 61 Junc.</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>Robert E. Beal</u>							
RR#, St. Address, Box #: <u>RR 4</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: <u>Hutchinson Kan. 67501</u>			Application Number:				
3 DEPTH OF COMPLETED WELL: <u>32</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>13</u> ft., and <u>6</u> in. to <u>32</u> ft.							
Well Water to be used as:							
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> 3 Feedlot		<input type="checkbox"/> 11 Injection well			
<input type="checkbox"/> 2 Irrigation		<input type="checkbox"/> 4 Industrial		<input type="checkbox"/> 12 Other (Specify below)			
<input type="checkbox"/> 5 Public water supply		<input type="checkbox"/> 6 Oil field water supply		<input type="checkbox"/> 9 Dewatering			
<input type="checkbox"/> 7 Lawn and garden only		<input type="checkbox"/> 10 Observation well					
Well's static water level: <u>13</u> ft. below land surface measured on <u>Feb.</u> month <u>26</u> day <u>80</u> year							
Pump Test Data: Well water was <u>14</u> ft. after <u>1</u> hours pumping <u>20</u> gpm							
Est. Yield <u>75</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED:							
<input type="checkbox"/> 1 Steel		<input checked="" type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 8 Concrete tile			
<input type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 9 Other (specify below)			
<input type="checkbox"/> 5 Wrought iron		<input type="checkbox"/> 6 Asbestos-Cement		<input type="checkbox"/> Casing Joints: Glued <input checked="" type="checkbox"/> Clamped			
<input type="checkbox"/> 7 Fiberglass				<input type="checkbox"/> Welded			
				<input type="checkbox"/> Threaded			
Blank casing dia <u>6</u> in. to <u>22</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No <u>175</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input type="checkbox"/> 7 PVC			
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input checked="" type="checkbox"/> 8 RMP (SR)			
<input type="checkbox"/> 5 Fiberglass		<input type="checkbox"/> 6 Concrete tile		<input type="checkbox"/> 10 Asbestos-cement			
<input type="checkbox"/> 9 ABS				<input type="checkbox"/> 11 Other (specify)			
				<input type="checkbox"/> 12 None used (open hole)			
Screen or Perforation Openings Are:							
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot		<input type="checkbox"/> 5 Gauzed wrapped			
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped			
				<input checked="" type="checkbox"/> 7 Torch cut			
				<input type="checkbox"/> 8 Saw cut			
				<input type="checkbox"/> 11 None (open hole)			
Screen-Perforation Dia <u>6</u> in. to <u>32</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>22</u> ft. to <u>32</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
5 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other							
Grouted Intervals: From <u>3</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
<input checked="" type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Cess pool		<input type="checkbox"/> 7 Sewage lagoon			
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Seepage pit		<input type="checkbox"/> 8 Feed yard			
<input type="checkbox"/> 3 Lateral lines		<input type="checkbox"/> 6 Pit privy		<input type="checkbox"/> 9 Livestock pens			
				<input type="checkbox"/> 10 Fuel storage			
				<input type="checkbox"/> 11 Fertilizer storage			
				<input type="checkbox"/> 12 Insecticide storage			
				<input type="checkbox"/> 13 Watertight sewer lines			
				<input type="checkbox"/> 14 Abandoned water well			
				<input type="checkbox"/> 15 Oil well/Gas well			
				<input type="checkbox"/> 16 Other (specify below)			
Direction from well <u>East</u> How many feet <u>65</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No							
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample _____							
was submitted _____ month _____ day _____ year: Pump Installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.							
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>Feb.</u> month <u>26</u> day <u>80</u> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>193</u>							
This Water Well Record was completed on <u>June</u> month <u>25</u> day <u>80</u> year under the business name of <u>Price Water Well</u> by (signature) <u>John Davenport</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	7	brown sandy clay			
		7	11	fine sand			
		11	14	fine gravel			
		14	32	medium gravel			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>13</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)							

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.