

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>NW ¼ SE ¼</u>	<u>31</u>	<u>T 23 S</u>	<u>R 5 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Located at 1225 E 30th Hutchinson</u>					
2 WATER WELL OWNER: <u>Rub-a-Dub</u>					
RR#, St. Address, Box # : <u>1225 E 30</u>					
City, State, ZIP Code : <u>Hutchinson KS</u> <u>Well #2</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: _____ ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>?</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>?</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was <u>?</u> ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter _____ in. to _____ 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 <input type="checkbox"/> Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No _____			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="radio"/> Steel <input type="radio"/> RMP (SR) <input type="radio"/> PVC <input type="radio"/> ABS		<input type="radio"/> Wrought iron <input type="radio"/> Concrete tile <input type="radio"/> Asbestos-Cement <input type="radio"/> Other (specify below)		CASING JOINTS: Glued _____ Clamped _____	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="radio"/> Steel <input type="radio"/> Stainless steel <input type="radio"/> Fiberglass <input type="radio"/> Brass <input type="radio"/> Galvanized steel <input type="radio"/> Concrete tile		<input type="radio"/> PVC <input type="radio"/> RMP (SR) <input type="radio"/> ABS <input type="radio"/> None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="radio"/> Continuous slot <input type="radio"/> Mill slot <input type="radio"/> Louvered shutter <input type="radio"/> Key punched		<input type="radio"/> Gauzed wrapped <input type="radio"/> Saw cut <input type="radio"/> Wire wrapped <input type="radio"/> Drilled holes <input type="radio"/> Torch cut <input type="radio"/> Other (specify)			
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input type="radio"/> Neat cement <input checked="" type="radio"/> Cement grout <input type="radio"/> Bentonite <input type="radio"/> Other _____					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="radio"/> Septic tank <input type="radio"/> Lateral lines <input type="radio"/> Pit privy <input type="radio"/> Sewer lines <input type="radio"/> Cess pool <input type="radio"/> Sewage lagoon <input checked="" type="radio"/> Watertight sewer lines <input type="radio"/> Seepage pit <input type="radio"/> Feedyard		<input type="radio"/> Livestock pens <input checked="" type="radio"/> Abandoned water well <input checked="" type="radio"/> Fuel storage old <input type="radio"/> Oil well/Gas well <input type="radio"/> Fertilizer storage <input type="radio"/> Other (specify below)		<input type="radio"/> Insecticide storage <u>old Gas STATION</u>	
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		Casing Cut off To depth of 8' below Grade. Filled with concrete. then backfilled.			
		Work done by Genco Co. of Newton But Jackson was the person.			
RECEIVED					
JUN 26 1990					
DIVISION OF ENVIRONMENT					
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/year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>10-23-89</u> under the business name of <u>Reno County Health Dept</u> by (signature) <u>[Signature]</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					