1 | LOCATION OF WATER WELL:

	Fraction	Section Number	Township Number	Range Number
County: Reno	NE ¼ NE ¼ NE ¼	17	T 23 S	R 5 E/(W)

Distance and direction from nearest town or city street address of well if located within city?

300' Southwest of the SW corner of E. 4th St. & N. Halstead St.

2 | WATER WELL OWNER:

RR#, St. Address, Box # :

City, State, ZIP Code :

Hamilton Roofing
301 N. Halstead
Hutchinson, Kansas

Board of Agriculture, Division of Water Resources
Application Number:

3 | LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

```
          N
   |--NW--|--NE--|
 W |      |      | E
   |--SW--|--SE--|
          S
```
1 Mile

4 | DEPTH OF COMPLETED WELL.....20.....ft. ELEVATION: ....

Depth(s) Groundwater Encountered 1.........16.....ft. 2.................ft. 3.................ft.

WELL'S STATIC WATER LEVEL ...15.93.... ft. below land surface measured on mo/day/yr ....

Pump test data: Well water was .... ft. after .... hours pumping .... gpm

Est. Yield .... gpm: Well water was .... ft. after .... hours pumping .... gpm

Bore Hole Diameter..7.5/8..in. to ...20....ft., and.................in. to.................ft.

WELL WATER TO BE USED AS: 5 Public water supply   8 Air conditioning   11 Injection well

1 Domestic   3 Feedlot   6 Oil field water supply   9 Dewatering   12 Other (Specify below)

2 Irrigation   4 Industrial   7 Lawn and garden only   (10) Monitoring well ....

Was a chemical/bacteriological sample submitted to Department? Yes..........No.....X....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes   No   X

5 | TYPE OF BLANK CASING USED:

		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued ......Clamped......
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded ....
(2) PVC	4 ABS	7 Fiberglass		Threaded.....X........

Blank casing diameter .....2.....in. to .....10.....ft., Dia ....in. to.........ft., Dia ....in. to.........ft.

Casing height above land surface.........0.....in., weight ....lbs./ft. Wall thickness or gauge No. ..sch 40.........

TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC   10 Asbestos-cement

1 Steel   3 Stainless steel   5 Fiberglass   8 RMP (SR)   11 Other (specify)................

2 Brass   4 Galvanized steel   6 Concrete tile   9 ABS   12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped   8 Saw cut   11 None (open hole)

1 Continuous slot   (3) Mill slot   6 Wire wrapped   9 Drilled holes

2 Louvered shutter   4 Key punched   7 Torch cut   10 Other (specify)....................

SCREEN-PERFORATED INTERVALS: From.....10.....ft. to.....20.....ft., From ....ft. to.........ft.

From.........ft. to.........ft., From ....ft. to.........ft.

GRAVEL PACK INTERVALS: From.....8.....ft. to.....20.....ft., From ....ft. to.........ft.

From.........ft. to.........ft., From ....ft. to.........ft.

6 | GROUT MATERIAL: 1 Neat cement   (2) Cement grout   (3) Bentonite   4 Other ....

Grout Intervals: From...0.....ft. to.....6.....ft., From.....6.....ft. to.....8.....ft., From.........ft. to.........ft.

What is the nearest source of possible contamination: 10 Livestock pens   14 Abandoned water well

1 Septic tank   4 Lateral lines   7 Pit privy   (11) Fuel storage   15 Oil well/Gas well

2 Sewer lines   5 Cess pool   8 Sewage lagoon   12 Fertilizer storage   16 Other (specify below)

3 Watertight sewer lines   6 Seepage pit   9 Feedyard   13 Insecticide storage   ....

Direction from well? Northeast   How many feet? 170

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Cly, med brn, v slty, org rich, dry			
1	3	Silt, lt brn, sl oran-tint, damp			
3	5	Silt, a.a. but med oran-brn, tr v f-med snd, damp			
5	7	Cly, lt oran-brn, v slty, damp, tr of snd, f-med.			
7	11	Cly, lt brn, v slty, mod plstc, moist			
11	16	Cly, v drk brn, mod plstc, v slty, moist			
16	20	Snd, f-c grnd, v grvly, prly srtd, v drk gry			
					MW2 - Flushmount
					Don Taylor

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) ....10-20-94......... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ......527....... This Water Well Record was completed on (mo/day/yr) ....10-24-94.......... under the business name of   GeoCore Services, Inc.   by (signature) _[signature]_

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.