

MW-11

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>SW 1/4 SW 1/4 NE 1/4</u>	<u>30</u>	T <u>23</u> S	R <u>5</u> E <u>0</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2212 US Hwy 50 Hutchinson, KS.</u>					
2 WATER WELL OWNER: <u>Jayhawk Corp</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>PO Box 8216</u>		Application Number:			
City, State, ZIP Code: <u>Waco, TX 76714</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>20'</u> ft. ELEVATION: <u>Bolt: 1517.08 T.O.C. 1518.64</u>			
		Depth(s) Groundwater Encountered 1. <u>11.72'</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>11.72'</u> ft. below land surface measured on mo/day/yr <u>3/9/95</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>4</u> gpm. Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>7.6</u> in. to <u>20'</u> 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 <u>✓</u>		If yes, mo/day/yr sample was submitted _____			
Water Well Disinfected? Yes _____ No <u>✓</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter <u>2"</u> in. to <u>10'</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		7 Fiberglass		8 Concrete tile	
Casing height above land surface <u>30"</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule</u>		9 Other (specify below) _____		CASING JOINTS: Glued _____ Clamped _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC			
1 Steel		3 Stainless steel		10 Asbestos-cement	
2 Brass		4 Galvanized steel		11 Other (specify) _____	
5 Fiberglass		6 Concrete tile		12 None used (open hole)	
8 RMP (SR)					
9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped			
1 Continuous slot		3 Mill slot		8 Saw cut	
2 Louvered shutter		4 Key punched		11 None (open hole)	
6 Wire wrapped					
7 Torch cut					
10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS:		From <u>20'</u> ft. to <u>10'</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>20'</u> ft. to <u>7'</u> 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 <u>7'</u> ft. to <u>2'</u> ft. From <u>2'</u> ft. to <u>0'</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank		4 Lateral lines		14 Abandoned water well	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
7 Pit privy		8 Sewage lagoon		15 Oil well/Gas well	
9 Feedyard		13 Insecticide storage		16 Other (specify below) _____	
Direction from well? _____		How many feet? _____			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	6'	Clay Brownish Gray sand + Roofs			
6'	10'	Sand - 1/4 brown - med to fine grained med to poorly sorted			
10'	20'	Sand 1/4 brown - med to large grained - med to poorly sorted			
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) <u>3/8/95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>568A</u> This Water Well Record was completed on (mo/day/yr) <u>3-8-95</u> under the business name of <u>MAX'S Enterprises</u> by (signature) <u>David Houghton</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.					

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