

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Township Number	Range Number	
County: <u>C78</u>	<u>RENO</u>	<u>NE</u> <u>¼</u> <u>NW</u> <u>¼</u> <u>NW</u> <u>¼</u>	<u>1</u>	<u>T 23 S R6W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>204 W. 29th, Hutchinson KS 67502</u>					
<b>2 WATER WELL OWNER:</b> <u>Carmen Ruggles</u>					
RR#, St. Address, Box # : <u>204 W. 29th</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Hutchinson KS 67502</u>			Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL .</b> <u>40</u> ..... ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>17</u> ..... ft. below land surface measured on mo/day/yr <u>8/21/95</u>			
		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.....in. to .....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 Observation well         INACTIVE			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <u>X</u> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <u>X</u> No			
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel                      3 RMP (SR)		5 Wrought iron              8 Concrete tile		CASING JOINTS: Glued ..... Clamped .....	
2 PVC                      4 ABS		6 Asbestos-Cement         9 Other (specify below)		Welded .....	
		7 Fiberglass		Threaded .....	
Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface. <u>36"</u> below ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel                      3 Stainless steel		5 Fiberglass                  8 RMP (SR)		11 Other (specify) ..... N/A	
2 Brass                     4 Galvanized steel		6 Concrete tile              9 ABS		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot         3 Mill slot		5 Gauzed wrapped              8 Saw cut		11 None (open hole)	
2 Louvered shutter       4 Key punched		6 Wire wrapped                9 Drilled holes			
		7 Torch cut		10 Other (specify) .....	
SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement    2 Cement grout    * 3 Bentonite    4 Other .....					
Grout intervals: From <u>40</u> ..... ft. to <u>3'4"</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:					
1 Septic tank              4 Lateral lines		7 Pit privy                      10 Livestock pens		14 Abandoned water well	
2 Sewer lines              5 Cess pool		8 Sewage lagoon               11 Fuel storage		15 Oil well/Gas well	
3 Watertight sewer lines 6 Seepage pit		9 Feedyard                      12 Fertilizer storage		** 16 Other (specify below)	
		13 Insecticide storage		HOUSE	
Direction from well? <u>NORTH</u>		How many feet? <u>0</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
40'	3'4"	Bentonite			
3'4"	3'	Cement			
3'	0'	Pit			
<b>RECEIVED</b>					
<b>AUG 24 1995</b>					
<b>BUREAU OF WATER</b>					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was 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>8/23/95</u> under the business name of <u>ADVANCE TERMITE &amp; PEST CONTROL, INC.</u> by (signature) <u>[Signature]</u> At Wells					
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send 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.					