

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>RENO</b>		<b>NW 1/4 NE 1/4 NE 1/4</b>	<b>22</b>	<b>T 23 S</b>	<b>R 6 E/W</b>
Distance and direction from nearest town or city, street address of well if located within city? <b>1 1/2 West of South Hutchinson</b>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #		Application Number:			
City, State, ZIP Code		<b>Milford, Oklahoma 73759</b>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>70</b> ft. ELEVATION: <b>2030</b> ft.			
		Depth(s) Groundwater Encountered 1. <b>2030</b> ft. 2. <b>2030</b> ft. 3. <b>2030</b> ft.			
		WELL'S STATIC WATER LEVEL <b>2030</b> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was <b>2030</b> ft. after <b>2030</b> hours pumping <b>2030</b> gpm			
		Est. Yield <b>2030</b> gpm: Well water was <b>2030</b> ft. after <b>2030</b> hours pumping <b>2030</b> gpm			
		Bore Hole Diameter <b>2030</b> in. to <b>2030</b> ft. and <b>2030</b> in. to <b>2030</b> 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.....; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes    No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued    Clamped    Welded    Threaded			
1 Steel    3 RMP (SR)		5 Wrought iron    8 Concrete tile			
2 <u>PVC</u> 4 <u>ABS</u>		6 Asbestos-Cement    9 Other (specify below)			
Blank casing diameter <b>2</b> in. to <b>2</b> ft., Dia <b>2</b> in. to <b>2</b> ft., Dia <b>2</b> in. to <b>2</b> ft.		7 Fiberglass			
Casing height above land surface <b>0</b> in., weight <b>0</b> lbs./ft. Wall thickness or gauge No. <b>0</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC    10 Asbestos-cement			
1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    11 Other (specify) <b>NA</b>		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) <b>NA</b>			
SCREEN-PERFORATED INTERVALS:		SCREEN-PERFORATED INTERVALS: From <b>999</b> ft. to <b>999</b> ft., From <b>999</b> ft. to <b>999</b> ft., From <b>999</b> ft. to <b>999</b> ft.			
GRAVEL PACK INTERVALS:		GRAVEL PACK INTERVALS: From <b>999</b> ft. to <b>999</b> ft., From <b>999</b> ft. to <b>999</b> ft., From <b>999</b> ft. to <b>999</b> ft.			
6 GROUT MATERIAL:		4 Other			
1 Neat cement    2 Cement grout    3 <u>Bentonite</u>					
Grout Intervals: From <b>70</b> ft. to <b>5</b> ft., From <b>70</b> ft. to <b>5</b> ft., From <b>70</b> ft. to <b>5</b> 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?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<b>70</b>	<b>5</b>	<b>Hole plug</b>
			<b>5</b>	<b>0</b>	<b>Dirt</b>
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) <b>3-5-96</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>134</b> This Water Well Record was completed on (mo/day/yr) <b>3-5-96</b> under the business name of <b>Rosencrantz Bernis Ent Inc.</b> by (signature) <b>Dreg Dadean</b>					
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.					

OFFICE USE ONLY

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