

IOBW-1

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>11</u>	T <u>23</u> S	R <u>6</u> E <u>W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>200 West 4th Street, Hutchinson, KS</u>					
2 WATER WELL OWNER: <u>Farmers coop</u>					
RR#, St. Address, Box #: <u>P.O. Box 6</u>					
City, State, ZIP Code: <u>Nickerson, KS 67561</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>20</u> ft. ELEVATION: <u>1,535.28 FT</u>			
		Depth(s) Groundwater Encountered <u>8.41</u> ft. 2. <u>8.41</u> ft. 3. <u>8.41</u> ft.			
		WELL'S STATIC WATER LEVEL <u>8.41</u> 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 <u>8</u> in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		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 <u>Pilot test well</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>Yes</u>			
5 TYPE OF BLANK CASING USED:					
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 _____ Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>Flush</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      10 Asbestos-cement 2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      11 Other (specify) _____ 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 SCREEN-PERFORATED INTERVALS: From <u>15</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement      2 Cement grout      3 Bentonite      4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>8</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) _____ Direction from well? _____ How many feet? _____					
LITHOLOGIC LOG					
FROM	TO	LITHOLOGIC LOG		FROM	TO
0	2.5	Fill: Sand, gravel, cement			
2.5	5.0	Sand: Gray, med. crs gr, loose, moist.			
5.0	20.0	Sand: Gray to blk, crs sand and gravel. Moist, rounded grs.			
PLUGGING INTERVALS					
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>11/24/90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>354</u> This Water Well Record was completed on (mo/day/yr) <u>11/24/90</u> under the business name of <u>Mid Environmental Consultants, Inc.</u> (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 answer. 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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