

1 LOCATION OF WATER WELL County: RENO		Fraction NW 1/4 NE 1/4 NE 1/4	Section Number 2	Township Number T 23 S	Range Number R 6 E(W)		
Distance and direction from nearest town or city?			Street address of well if located within city? 901 Bannock Burn Hutchinson				
2 WATER WELL OWNER: Robert Long RR#, St. Address, Box #: 901 Bannock Burn City, State, ZIP Code: Hutchinson Kan, 67501 Board of Agriculture, Division of Water Resources Application Number:							
3 DEPTH OF COMPLETED WELL: 40 ft. Bore Hole Diameter: 9 in. to 21 ft., and 6 in. to 40 ft.							
Well Water to be used as: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only 10 Observation well							
Well's static water level: 20 ft. below land surface measured on April month 23 day 80 year							
Pump Test Data: Well water was 21 ft. after 1 hours pumping 20 gpm							
Est. Yield 75 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing dia 6 in. to 30 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 175							
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 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-Perforation Dia 6 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From 30 ft. to 40 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____							
Grouted Intervals: From 3 ft. to 13 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination: 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) 13 Watertight sewer lines							
Direction from well West How many feet 40 ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>							
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.							
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on April month 23 day 80 year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 193							
This Water Well Record was completed on June month 25 day 80 year under the business name of Price Water Well by (signature) John Davenport							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	11	Brown sandy clay			
		11	16	fine sand			
		16	21	fine gravel			
		21	40	medium gravel			
ELEVATION:							

Depth(s) Groundwater Encountered **1...21...ft. 2...ft. 3...ft. 4...ft.** (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.