

1 LOCATION OF WATER WELL: County: <b>RENO</b> Fraction: <b>NE 1/4 NW 1/4 SE 1/4</b> Section Number: <b>3</b> Township Number: <b>T 23 S</b> Range Number: <b>R 6W</b>					
Distance and direction from nearest town or city street address of well if located within city? <b>2109 Wesfield Drive, Hutchinson KS 67502</b>					
2 WATER WELL OWNER: <b>Darren Regier</b> RR#, St. Address, Box #: <b>2109 Wesfield Drive</b> City, State, ZIP Code: <b>Hutchinson KS 67502</b>					
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: <b>32</b> ft. ELEVATION: _____				
	Depth(s) Groundwater Encountered: <b>1</b> ft. <b>2</b> ft. <b>3</b> ft.				
	WELL'S STATIC WATER LEVEL: <b>6' 6"</b> ft. below land surface measured on <b>mo/day/yr</b> <b>9/3/93</b>				
	Pump test data: Well water was _____ ft. after _____ hours pumping				
	Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping				
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					
<input checked="" type="checkbox"/> 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
<input type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel	3 RMP (SR)				
2 PVC	4 ABS				
Blank casing diameter: <b>5 1/2</b> in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface: <b>24"</b> below _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel	3 Stainless steel				
2 Brass	4 Galvanized steel				
5 Fiberglass	6 Concrete tile				
7 PVC	8 RMP (SR)				
10 Asbestos-cement	<b>11 Other (specify) _____ N/A</b>				
12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot	3 Mill slot				
2 Louvered shutter	4 Key punched				
5 Gauzed wrapped	6 Wire wrapped				
7 Torch cut	8 Saw cut				
9 Drilled holes	11 None (open hole)				
10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <b>N/A</b> ft. to <b>N/A</b> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>N/A</b> ft. to <b>N/A</b> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____					
Grout Intervals: From <b>32</b> ft. to <b>2' 4"</b> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank	4 Lateral lines				
2 Sewer lines	5 Cess pool				
3 Watertight sewer lines	6 Seepage pit				
7 Pit privy	8 Sewage lagoon				
9 Feedyard	10 Livestock pens				
11 Fuel storage	12 Fertilizer storage				
13 Insecticide storage	14 Abandoned water well				
15 Oil well/Gas well	<input checked="" type="checkbox"/> 16 Other (specify below) <b>HOUSE</b>				
Direction from well? <b>north</b> How many feet? <b>0</b>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
32	2' 4"	Bentonite			
2' 4"	2'	Cement			
2'	0	Pit			
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>RECEIVED</b></p> <p><b>SEP 14 1993</b></p> <p><b>BUREAU OF WATER</b></p> </div>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _____ plugged under my jurisdiction and completed on (mo/day/year) <b>September 3, 1993</b> and this record is true to the best of my knowledge and belief. Ki Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <b>9/7/93</b> under the business name of <b>ADVANCE TERMITE &amp; PEST CONTROL, INC.</b> by (signature) <i>Al Wells</i> Al Wells					
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Set 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.					