

| 1) LOCATION OF WATER WELL: | | Fraction | Township Number | Range Number | |
|---|---|---|----------------------------------|--------------|--------------------|
| County: Reno | | NW ¼ NW ¼ NE ¼ | Section Number T 23 S R 6 E/W | 9 | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | |
| 2) WATER WELL OWNER: | Helen Wigglesworth | | | | |
| RR#, St. Address, Box # : | 3201 W 17 th | Board of Agriculture, Division of Water Resources | | | |
| City, State, ZIP Code : | Hatchman Mo. 67501 | Application Number: | | | |
| 3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4) DEPTH OF COMPLETED WELL. 30 ft. ELEVATION: | | | | |
| N NW -- X -- NE SW -- SE S | Depth(s) Groundwater Encountered 1. 10 ft. 2. .ft. 3. .ft. | | | | |
| | WELL'S STATIC WATER LEVEL 10 ft. below land surface measured on mo/day/yr 7-21-93 | | | | |
| | Pump test data: Well water was 10 ft. after 10 hours pumping 20 gpm | | | | |
| | Est. Yield 20+ gpm: Well water was .ft. after .hours pumping .gpm | | | | |
| | Bore Hole Diameter 10 in. to 30 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 Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr sample was submitted | | | | | |
| 5) TYPE OF BLANK CASING USED: | | | | | |
| Blank casing diameter 5 in. to 25 ft., Dia. 14 in., weight 160 lbs./ft. | | Casing joints Glued Clamped Welded Threaded | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| SCREEN-PERFORATED INTERVALS: From 25 ft. to 30 ft. | | | | | |
| GRAVEL PACK INTERVALS: From 25 ft. to 30 ft. | | | | | |
| 6) GROUT MATERIAL: | | | | | |
| Grout Intervals: From 0 ft. to 20 ft. | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| Direction from well? S How many feet? 100 | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 6 | Top soil | | | |
| 6 | 10 | Sand F | | | |
| 10 | 30 | Gravel | | | |
| 7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) | | | | | |
| Water Well Contractor's License No. 480 This Water Well Record was completed on (mo/day/yr) | | | | | |
| under the business name of Carl Vincent Service by (signature) Ren | | | | | |

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.