| LOCATION | OF WATE | D MELL: | + | WELL RECORD | FOITH W | | 7 | n Number | Banca Nice | mher |
|--------------------------|-------------------------|--------------------------|-------------------|---------------------------------|----------------------|---------------------------|----------------------|--------------------------|-----------------------|------------|
| LOCATION | _ | A VVELL: | Fraction | 1/E | C1. X 41 | Section Number | | p Number | Range Nur | |
| County: | Reno | m nearest town | or city street an | NE 1/4 Idress of well if loo | cated within | 2.5 | J T 2 | <i>3</i> s | R 6 | EW |
| JISIAI ICE AND | unection in | AII HEALEST TOWN C | | | | - | | | | |
| | | | | zel Ln | rn | so Huro | hinson | | | |
| , | ELL OWNE | | 1000 | Righer | | | | | 5 | _ |
| RR#, St. Add | | £ : | 4 HAZE | | 170 | _ | | | Division of Water | Resource |
| City, State, ZI | | | so Hut | ch, Ks | 6/30 | <u> </u> | | ation Number: | | |
| AN "X" IN | VELL'S LOC SECTION E | BOX: De | pth(s) Groundy | OMPLETED WELL vater Encountered | 1 | ft. | 2 | ft. 3 | 3 | . ,ft. |
| 1 | NW - | - NE | Pump | water Level . test data: Well v | water was . | 1.8 ft. i | after | L hours pu | umping 2.5 | gpm |
| | ! | | | gpm: Well v ter 8 in. | | | | | | |
| w | 'X | ti | | O BE USED AS: | | water supply | 8 Air condition | | Injection well | |
| | '^ | \"' | 1 Domestic | 3 Feedlot | | d water supply | 9 Dewatering | _ | Other (Specify be | olow) |
| | sw | - SE | | 4 Industrial | | and garden only | | | ٠, ٠, ٠, | |
| | ! | ! | 2 Irrigation | acteriological sam | | | | | | |
| | \$ | mit | tted | acteriological sam | pie submittec | | ater Well Disinf | ected? Yes 🗶 | No No | |
| TYPE OF | BLANK CAS | SING USED: | | 5 Wrought iron | | Concrete tile | | | d Clampe | |
| 1 Steel | | 3 RMP (SR) | | 6 Asbestos-Ceme | ent 9 C | Other (specify belo | ow) | | led | |
| ⊘ PVC | | 4 ABS | 10 | 7 Fiberglass | | | | | aded | |
| • | | | | ft., Dia | | | | | , , | |
| | | • | | in., weight | | | | | | . <i>.</i> |
| YPE OF SC | REEN OR | PERFORATION N | MATERIAL: | | • | PVC | | Asbestos-cem | | |
| 1 Steel | | 3 Stainless st | eel | 5 Fiberglass | | 8 RMP (SR) | | |) <i>.</i> | |
| 2 Brass | | 4 Galvanized | steel | 6 Concrete tile | | 9 ABS | $\overline{}$ | None used (or | | |
| CREEN OR | PERFORA | TION OPENINGS | ARE: | | auzed wrapp | | (8) Saw cut | | 11 None (open | hole) |
| 1 Contin | nuous slot | 3 Mill s | lot | 6 W | ire wrapped/ | | 9 Drilled ho | les | | |
| 2 Louve | ered shutter | 4 Key p | ounched | | orch cut | _ | 10 Other (sp | ecify) | | |
| SCREEN-PER | RFORATED | INTERVALS: | From | .2.0 ft. t | o | ft., Fro | om | ft. 1 | to | |
| | | | | ft. t | | | | | | |
| GRA | AVEL PACK | INTERVALS: | From | <i>18</i> ft. t | .o 3 .8 | | om | ft. ¹ | to | f |
| | | | From | ft. t | to | ft., Fro | om | ft. | to | ff |
| GROUT M | ATERIAL: | 1 Neat cem | | | | | | | | |
| Grout Interval | s: From. | . 2 ft. | to ! 8 | ft., From | | ft. to | ft., Fron | n . | ft. to | |
| What is the n | earest sour | ce of possible cor | ntamination: | | | 10 Live | stock pens | 14 A | Abandoned water | well |
| 1 Septio | tank | 4 Lateral li | ines | 7 Pit privy | | 11 Fuel | 11 Fuel storage | | 15 Oil well/Gas well | |
| 2 Sewe | r lines | 5 Cess po | ol | 8 Sewage | lagoon | 12 Fertilizer storage | | 16 Other (specify below) | | ow) |
| Water | tight sewer | lines 6 Seepage | pit pit | 9 Feedyar | d | 13 Inse | cticide storage | | | |
| Direction from | n well? | W | | | | How ma | any feet? 1 | / | | |
| FROM | TO | | LITHOLOGIC I | _OG | FRO | то то | | PLUGGING | INTERVALS | |
| 0 | 13 | Br + Gr CI | lau | | | | | | | |
| | 20 | F-C San | , | | | | | | | |
| 20 | | Sand + C+ | | | | | | | | |
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| CONTRAC | CTOR'S OR | LANDOWNER'S | CERTIFICATION | ON: This water we | | | | | | |
| | | ar) 7-/ | | | | | | | | ef. Kansa |
| Vater Well C | ontractor's I | icense No | 447 | This Wate | er Well Reco | rd was completed | on (mo/day/yr) | 7-15- | 92 | |
| inder the bus | siness name | of M:// | es Dr// | lua | | by (signa | ature) | mille | 5 | |
| INSTRUCTION OF Health of | ONS: Use type | writer or ball point pen | . PLEASE PRESS F | IRMLY and PRINT clear | ly. Please fill in I | olanks, underline or circ | cle the correct answ | ers. Send top three | e copies to Kansas De | partment |