

| | | | | | | | |
|---|--|---|--|-----------------------------|--|----|----------------|
| 1 LOCATION OF WATER WELL | | Fraction | Section Number | Township Number | Range Number | | |
| County: <u>Levo</u> | | <u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ | <u>28</u> | <u>T</u> <u>23</u> <u>S</u> | <u>R</u> <u>6</u> <u>EW</u> | | |
| Distance and direction from nearest town or city? <u>2 1/4 west 30</u> <u>Hutch</u> | | | Street address of well if located within city? | | | | |
| 2 WATER WELL OWNER: <u>El Paso</u> | | | | | | | |
| RR#, St. Address, Box #: <u>RFD 1</u> | | | | | | | |
| City, State, ZIP Code: <u>Hutchinson, KS 67501</u> <u>well #7</u> | | | | | | | |
| Board of Agriculture, Division of Water Resources Application Number: | | | | | | | |
| 3 DEPTH OF COMPLETED WELL: <u>45</u> ft. Bore Hole Diameter: <u>7 1/8</u> in. to <u>45</u> ft. and in. to 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 . . . <u>21'</u> <u>2"</u> ft. below land surface measured on month <u>3</u> day <u>80</u> year | | | | | | | |
| Pump Test Data: Well water was ft. after hours pumping. <u>odnt pump</u> gpm | | | | | | | |
| Est. Yield () 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 <input checked="" type="checkbox"/> | | |
| | | | 7 Fiberglass | | Threaded <input checked="" type="checkbox"/> | | |
| Blank casing dia . . . <u>4</u> in. to . . . <u>0</u> ft. Dia . . . <u>1</u> in. to . . . <u>15</u> ft. Dia . . . in. to . . . ft. | | | | | | | |
| Casing height above land surface . . . <u>24</u> in. weight . . . <u>2</u> lbs./ft. Wall thickness or gauge No. <u>216</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) | | |
| | | | | | 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-Perforated Dia. . . <u>4 1/2</u> in. to . . . <u>15</u> ft. Dia . . . <u>4</u> in. to . . . <u>45</u> ft. Dia . . . in. to . . . ft. | | | | | | | |
| Screen-Perforated Intervals: From . . . <u>15</u> ft. to . . . <u>45</u> ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft. | | | | | | | |
| Gravel Pack Intervals: From . . . <u>10</u> ft. to . . . <u>15</u> 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 . . . <u>10</u> ft. to . . . 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 . . . <u>N</u> How many feet . . . <u>400'</u> ? Water Well Disinfected? Yes . . . No <input checked="" type="checkbox"/> | | | | | | | |
| 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 <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was | | | | | | | |
| completed on . . . <u>9</u> month . . . <u>4</u> day . . . <u>1980</u> year | | | | | | | |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> | | | | | | | |
| This Water Well Record was completed on . . . <u>9</u> month . . . <u>4</u> day . . . <u>1980</u> year under the business | | | | | | | |
| name of <u>Rosencrantz-Bemis Ent.</u> by (signature) <u>Mike Flavers</u> | | | | | | | |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
| | | 0 | 3 | Top Soil | | | |
| | | 3 | 27 | Clay | | | |
| | | 27 | 45 | Sand | | | |
| ELEVATION: | | | | | | | |
| Depth(s) Groundwater Encountered 1. 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. | | | | | | | |

OFFICE USE ONLY

T

23

R

6W

EW

SEC

SE 1/4

NW 1/4

NE 1/4