

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>SE ¼ SW ¼ SW ¼</u>	<u>32</u>	<u>T 23 S</u>	<u>R 6 E W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 S. 2 W. of Hwy 17 & SO South of South Hutchinson</u>					
2) WATER WELL OWNER: <u>Bob Roberts</u>					
RR#, St. Address, Box # : <u>RR 2</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Hutchinson Kan 67501</u>				Application Number:	
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION:			
<p>A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, SE. An 'X' is marked in the SW quadrant.</p>		Depth(s) Groundwater Encountered 1. <u>9</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>9</u> ft. below land surface measured on mo/day/yr <u>1-27-89</u>			
		Pump test data: Well water was <u>10</u> ft. after <u>1</u> hours pumping <u>15</u> gpm			
		Est. Yield <u>50</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>10</u> ft., and <u>6</u> in. to <u>35</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well <input type="checkbox"/> Other (Specify below)			
		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 <input checked="" type="radio"/> PVC Blank casing diameter <u>6</u> in. to <u>25</u> ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>250</u>		3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass		8 Concrete tile 9 Other (specify below) _____ CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ Welded _____ Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter		3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile		7 PVC 8 RMP (SR) 9 ABS 10 Gauzed wrapped 11 Wire wrapped 12 Torch cut	
				10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)	
				8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6) GROUT MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout intervals: From <u>3</u> ft. to <u>11</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input checked="" type="radio"/> Septic tank 2 Sewer lines 3 Watertight sewer lines		4 Lateral lines 5 Cess pool 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 16 Other (specify below) _____	
Direction from well? <u>EAST</u>		How many feet? <u>100</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>2</u>	<u>brown soil</u>			
<u>2</u>	<u>7</u>	<u>sandy clay</u>			
<u>7</u>	<u>9</u>	<u>fine sand</u>			
<u>9</u>	<u>13</u>	<u>fine gravel</u>			
<u>13</u>	<u>21</u>	<u>medium gravel</u>			
<u>21</u>	<u>24</u>	<u>brown clay</u>			
<u>24</u>	<u>35</u>	<u>medium gravel</u>			
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>1-27-89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>193</u> This Water Well Record was completed on (mo/day/yr) <u>1-25-89</u> under the business name of <u>Price Water Well Serv.</u> by (signature) <u>John Davenport</u>					
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					

10