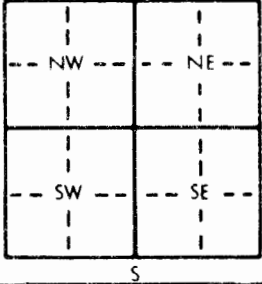


<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		NW 1/4 NW 1/4 NE 1/4	4	T 23 S	R 6W E/W
Distance and direction from nearest town or city street address of well if located within city? <u>3104 Homestead, Hutchinson, Kansas 67501</u>					
<b>2 WATER WELL OWNER:</b> <u>Kim Compton</u>					
RR#, St. Address, Box # : <u>3104 Homestead</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Hutchinson, Kansas 67501</u>				Application Number:	
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>45</u> ft. <b>ELEVATION:</b>			
<div style="text-align: center;"></div>		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL ... <u>10</u> ... ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was .... ft. after .... hours pumping .... gpm			
		Est. Yield .... gpm: Well water was .... ft. after .... hours pumping .... gpm			
		Bore Hole Diameter ... <u>9</u> ... in. to ... <u>45</u> ... ft., and ... in. to ... ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
X 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 <u>X</u> ..... If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <u>X</u> No					
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped
X2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
			7 Fiberglass		Threaded
Blank casing diameter .... <u>5</u> ... in. to ... <u>25</u> ... ft., Dia. .... in. to ... ft., Dia. .... in. to ... ft.					
Casing height above land surface .... <u>18</u> ... in., weight <u>xxx SDR 21</u> lbs./ft. Wall thickness or gauge No. .... <u>214</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	X 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 INTERVALS: From .... <u>45</u> ... ft. to .... <u>25</u> ... ft., From .... ft. to .... ft.					
From .... ft. to .... ft., From .... ft. to .... ft.					
GRAVEL PACK INTERVALS: From .... <u>45</u> ... ft. to .... <u>20</u> ... ft., From .... ft. to .... ft.					
From .... ft. to .... ft., From .... ft. to .... ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite X 4 Other <u>hole plug</u>					
Grout Intervals: From .... <u>20</u> ... ft. to .... <u>0</u> ... ft., From .... ft. to .... ft., From .... ft. to .... ft.					
What is the nearest source of possible contamination:					
X1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
				13 Insecticide storage	
Direction from well? <u>north west</u>		How many feet? <u>100</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	top soil			
5	8	fine sand			
8	23	medium sand and gravel			
23	26	medium sand and gravel with clay			
26	38	sand and gravel with fine sand			
38	41	sand and gravel with clay			
41	45	medium sand and gravel with fine sand			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .... <u>9-28-94</u> .... 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 (mo/day/yr) .... under the business name of <u>Rosencrantz Bemis Ent. Inc.</u> by (signature) <u>Doug Dodson</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 Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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