

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>	<u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>9</u>	<u>T 24S</u> <u>S</u>	<u>R 4W</u> <u>E/W</u>

Distance and direction from nearest town or city? 4 M South, 50 HWY, Buhler Haven, 3/4 m E, Norht side Street address of well if located within city?

2 WATER WELL OWNER: **Blackstone Drilling co.**
 RR#, St. Address, Box # : **P.O. Box 1184**
 City, State, ZIP Code : **McPherson, KS 67460**

Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL 45 ft. Bore Hole Diameter 6 in. to 45 ft. and in. to ft.

Well Water to be used as:

1 Domestic 3 Feedlot ~~X~~ 5 Public water supply 8 Air conditioning 11 Injection well

2 Irrigation 4 Industrial X 9 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 5 Lawn and garden only 10 Observation well

Well's static water level 8 ft. below land surface measured on 12 month 2 day 1980 year

Pump Test Data : Well water was 12 ft. after 1 hours pumping 100 gpm

Est. Yield gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
XXX PVC	4 ABS	7 Fiberglass		Threaded

Blank casing dia . . . 3 . . . in. to . . . 0 . . . ft., Dia . . . 3 . . . in. to . . . 45 . . . ft., Dia . . . in. to . . . ft.

Casing height above land surface . . . 18 . . . in., weight . . . 160 . . . lbs./ft. Wall thickness or gauge No . . . 216 . . .

TYPE OF SCREEN OR PERFORATION MATERIAL:		XX PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
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	XX 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-Perforation Dia 3 . . . in. to . . . 20 . . . ft., Dia . . . 3 . . . in. to . . . 45 . . . ft., Dia . . . in. to . . . ft.

Screen-Perforated Intervals: From . . . 20 . . . ft. to . . . 45 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.

Gravel Pack Intervals: From . . . 10 . . . ft. to . . . 45 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.

5 GROUT MATERIAL:		1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other
Grouted Intervals: From		0	ft. to	10	ft. From
What is the nearest source of possible contamination:					
1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	14 Abandoned water well	
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	<input checked="" type="checkbox"/> 15 Oil well/Gas well	
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines	16 Other (specify below)	
Direction from well		west	How many feet	1/4 mile	? Water Well Disinfected? Yes
Was a chemical/bacteriological sample submitted to Department? Yes		No	If yes, date sample		
was submitted		month	day	year:	Pump Installed? Yes
If Yes: Pump Manufacturer's name		Model No.		HP	No <input checked="" type="checkbox"/> 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 (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on . . . 12 . . . month . . . 2 . . . day . . . 1980 . . . year . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . 134 . . . This Water Well Record was completed on . . . 12 . . . month . . . 2 . . . day . . . 1980 . . . year under the business name of Rosegaranta, Remig by (signature) Mike Flannery

[illegible]

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.