

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>NE 1/4 NW 1/4 NE 1/4</u>	<u>31</u>	T <u>24</u> S	R <u>4</u> <u>W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 mi N, 1 1/2 W of Haven</u>					
<b>2 WATER WELL OWNER:</b> <u>Jim Bauman</u>					
RR#, St. Address, Box # : City, State, ZIP Code :			Board of Agriculture, Division of Water Resources Application Number:		
			<u>Rt 2</u> <u>Haven, KS 67543</u>		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>10.3</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>1.9</u> ft. below land surface measured on mo/day/yr <u>12-5-86</u>			
		Pump test data: Well water was <u>2.5</u> ft. after <u>2</u> hours pumping <u>2.5</u> gpm			
		Est. Yield <u>50</u> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Bore Hole Diameter <u>10</u> in. to <u>10.7</u> in. and ..... in. to ..... in.			
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation 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	
<input checked="" type="radio"/> PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>6</u> in. to <u>9.3</u> ft., Dia				8 Concrete tile	
Casing height above land surface <u>12</u> in., weight <u>3.25</u> lbs./ft.				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued <u>X</u> Clamped .....	
1 Steel		3 Stainless steel		Welded .....	
2 Brass		4 Galvanized steel		Threaded .....	
SCREEN OR PERFORATION OPENINGS ARE:		5 Fiberglass		10 Asbestos-cement	
1 Continuous slot		6 Concrete tile		8 RMP (SR)	
2 Louvered shutter				9 ABS	
3 Mill slot				11 Other (specify) .....	
4 Key punched		5 Gauzed wrapped		12 None used (open hole)	
		6 Wire wrapped		8 Saw cut	
		7 Torch cut		11 None (open hole)	
SCREEN-PERFORATED INTERVALS:		10 Other (specify) .....		9 Drilled holes	
From <u>9.3</u> ft. to <u>10.3</u> ft., From ..... ft. to ..... ft.				10 Other (specify) .....	
GRAVEL PACK INTERVALS:					
From <u>9.0</u> ft. to <u>10.7</u> ft., From ..... ft. to ..... ft.					
FROM		TO		LITHOLOGIC LOG	
0		22		Br clay	
22		38		F sand	
38		57		Sand + Sm Gravel	
57		69		Br clay	
69		79		Gr clay	
79		93		Br clay	
93		106		Sand + Gravel	
106		107		Br clay	
<b>6 GROUT MATERIAL:</b> <input checked="" type="radio"/> Neat cement    2 Cement grout    3 Bentonite    4 Other .....					
Grout Intervals: From <u>3</u> ft. to <u>13</u> ft., From <u>8.5</u> ft. to <u>9.0</u> ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:					
<input checked="" type="radio"/> Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		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>SW</u> How many feet? <u>90</u>					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-5-86</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>447</u> This Water Well Record was completed on (mo/day/yr) <u>12-29-87</u>					
under the business name of <u>Miller Drilling</u> by (signature) <u>Egan Miller</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.					