

1 LOCATION OF WATER WELL:		Fraction	Township Number	Range Number
County: Reno		NE ¼ NE ¼ SE ¼	27 T 24 S	R 5 E
Distance and direction from nearest town or city street address of well if located within city: 1 mi. E, ½ S of Yoder - 10515 S. Obee Rd				
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources Application Number:		
RR#, St. Address, Box # : City, State, ZIP Code :		Eli Schrock 10515 S. Obee Rd Haven, KS 67543		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 106 ft. ELEVATION:		
A 2x2 grid representing a section box. The top-left quadrant is labeled 'NW', top-right 'NE', bottom-left 'SW', and bottom-right 'SE'. An 'X' is drawn in the center of the 'SE' quadrant.		Depth(s) Groundwater Encountered 1. .ft. 2. .ft. 3. .ft. WELL'S STATIC WATER LEVEL 25 .ft. below land surface measured on mo/day/yr 4-24-96 Pump test data: Well water was 90 .ft. after 2 hours pumping 10 gpm Est. Yield 1.0 gpm: Well water was .ft. after hours pumping gpm Bore Hole Diameter 9 .in. to 49 .ft., and 5 ½ .in. to 106 .ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 5 Check Was a chemical/bacteriological sample submitted to Department? Yes No k; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes k No		
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued Clamped Welded Threaded		
Blank casing diameter 6 .in. to 49 .ft., Dia .in. to .ft., Dia .in. to .ft. Casing height above land surface 12 .in., weight lbs./ft. Wall thickness or gauge No. 16.0				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
SCREEN OR PERFORATION OPENINGS ARE:				
SCREEN-PERFORATED INTERVALS:				
GRAVEL PACK INTERVALS:				
6 GROUT MATERIAL:				
Grout Intervals: From 3 .ft. to 23 .ft., From 44 .ft. to 49 .ft., From .ft. to .ft.				
What is the nearest source of possible contamination:				
Direction from well? W		How many feet? 55		
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS				
0 35 Rocky Br Clay				
35 44 F-M Sand				
44 106 Shale				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)				
This Water Well Record was completed on (mo/day/yr)				
under the business name of Miller Drilling by (signature) J. Miller				
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.				