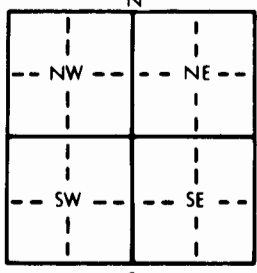


MW-5

1 LOCATION OF WATER WELL: County: <u>Reno</u>		Fraction: <u>SW 1/4 NE 1/4 SW 1/4</u>		Section Number: <u>29</u>		Township Number: <u>T 24 S</u>		Range Number: <u>R 5 E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>1700 E. Essex, Hutchinson KS</u>									
2 WATER WELL OWNER: <u>Collins Industries Attn: Ron Sorenson</u>									
RR#, St. Address, Box # : <u>1619 E. Essex Rd. P.O. Box 648</u>					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <u>Hutchinson, KS 67502</u>					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <u>35.5</u> ft. ELEVATION:						
			Depth(s) Groundwater Encountered <u>1.28</u> ft. 2. ft. 3. ft.						
			WELL'S STATIC WATER LEVEL <u>18.62</u> ft. below land surface measured on mo/day/yr <u>3/31/98</u>						
			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>8.625</u> in. to <u>35.5</u> ft. and _____ in. to _____ ft.						
WELL WATER TO BE USED AS:									
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</u> <u>MW-5</u>									
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 _____ No <u>X</u>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
<u>2</u> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
Blank casing diameter _____ in. to <u>20</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface _____ in. weight _____ lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot <u>3</u> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>35</u> ft. From _____ ft. to _____ ft.									
<u>SAND</u> From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
<u>GRAVEL</u> PACK INTERVALS: From <u>19</u> ft. to <u>35.5</u> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals: From <u>20</u> ft. to <u>17</u> ft. From <u>3</u> ft. to <u>17</u> ft. From <u>19</u> ft. to _____ ft.									
What is the nearest source of possible contamination:									
1 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 <u>cont. soil</u>									
Direction from well? How many feet?									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
<u>0.0</u> <u>1.0</u> <u>Soil</u> _____ _____									
<u>1.0</u> <u>35.5</u> <u>Silty clay</u> _____ _____									
<u>35.5</u> <u>TD</u> <u>End of Borehole</u> _____ _____									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-10-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u> This Water Well Record was completed on (mo/day/yr) <u>31 4/7/98</u> under the business name of <u>ACEI</u> by (signature) <u>D. Johann for P. Ann</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.									