

1 LOCATION OF WATER WELL: County: <b>RENO</b>	Fraction <b>SW 1/4 NW 1/4 SE 1/4</b>	Section Number <b>7</b>	Township Number <b>T 24 S</b>	Range Number <b>R 5 E <u>(W)</u></b>
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Distance and direction from nearest town or city street address of well if located within city?

**1 East of Elmer**

2 WATER WELL OWNER: <b>Leonard R. Yoder</b> RR#, St. Address, Box # : <b>Rt. 2</b> City, State, ZIP Code : <b>Hutchinson, KS 67501</b>	Board of Agriculture, Division of Water Resources Application Number: <b>34198</b>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <b>150</b> ft. ELEVATION: _____
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Depth(s) Groundwater Encountered **1**.....**34**.....ft. 2.....ft. 3.....ft.

WELL'S STATIC WATER LEVEL **34**.....ft. below land surface measured on mo/day/yr **8-27-91**

Pump test data: Well water was **N/A**.....ft. after ..... hours pumping ..... gpm

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

Bore Hole Diameter **2.8**.....in. to **1.50**.....ft., and.....in. to.....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
2 Irrigation	4 Industrial	7 Lawn and garden only
9 Dewatering	12 Other (Specify below)	

Was a chemical/bacteriological sample submitted to Department? Yes.....No **X**.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes.....No **X**

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> .....Clamped.....
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	10 Asbestos-cement
Blank casing diameter <b>16</b> .....in. to <b>100</b> .....ft., Dia.....in. to.....ft., Dia.....in. to.....ft.	Casing height above land surface <b>12</b> .....in., weight <b>Sch 40</b> .....lbs./ft. Wall thickness or gauge No.....		11 Other (specify).....
TYPE OF SCREEN OR PERFORATION MATERIAL:	1 Steel	3 Stainless steel	5 Fiberglass
2 Brass	4 Galvanized steel	6 Concrete tile	7 PVC
SCREEN OR PERFORATION OPENINGS ARE:	1 Continuous slot	3 Mill slot	5 Gauzed wrapped
2 Louvered shutter	4 Key punched	7 Torch cut	6 Wire wrapped
SCREEN-PERFORATED INTERVALS: From <b>100</b> .....ft. to <b>150</b> .....ft., From.....ft. to.....ft.			8 RMP (SR)
GRAVEL PACK INTERVALS: From <b>20</b> .....ft. to <b>150</b> .....ft., From.....ft. to.....ft.			9 ABS
			10 Other (specify).....
			11 None used (open hole)
			12 None used (open hole)

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other.....
Grout Intervals: From <b>0</b> .....ft. to <b>20</b> .....ft., From.....ft. to.....ft., From.....ft. to.....ft.				
What is the nearest source of possible contamination:	1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
				14 Abandoned water well
				15 Oil well/Gas well
				16 Other (specify below)
				N/A

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TS			
3	30	CLAY			
30	50	MED SAND			
50	51	CLAY			
51	150	MED SAND			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>8-27-91</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>537</b> ..... This Water Well Record was completed on (mo/day/yr) <b>9-12-91</b> ..... under the business name of <b>Flowers Drilling &amp; Pump Service</b> by (signature) <i>Mike Flowers</i>
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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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.