

1 LOCATION OF WATER WELL:		Fraction <u>NC 1/4 NC 1/4 NW 1/4</u>		Section Number <u>19</u>	Township Number <u>T 24 S</u>	Range Number <u>R 5 E/W</u>																																										
County: <u>reno</u>																																																
Distance and direction from nearest town or city street address of well if located within city? <u>2 miles east 1/2 mile north of yoder</u>																																																
2 WATER WELL OWNER: <u>/Wayne Yoder</u>																																																
RR#, St. Address, Box # : <u>RR 2</u>																																																
City, State, ZIP Code : <u>Hutchinson, Kansas 67501</u>																																																
Board of Agriculture, Division of Water Resources Application Number: _____																																																
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>48</u> ft. ELEVATION: _____																																														
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.																																														
		WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr <u>11-11-93</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>10</u> in. to <u>48</u> ft., and _____ in. to _____ ft.																																														
WELL WATER TO BE USED AS:																																																
5 Public water supply 1 Domestic 2 Irrigation 3 Feedlot 6 Oil field water supply 7 Lawn and garden only 4 Industrial 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well <u>X</u> 12 Other (Specify below) <u>Pond well</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 <u>X</u> No _____																																																
5 TYPE OF BLANK CASING USED:																																																
1 Steel <u>X</u> 2 <u>PVC</u> Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>258</u> 3 RMP (SR) 4 ABS 7 Fiberglass 8 Concrete tile 9 Other (specify below) _____ Casing Joints: Glued <u>X</u> Clamped _____ Welded _____ Threaded _____																																																
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																
1 Steel 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Stainless steel 4 Galvanized steel 3 Mill slot 4 Key punched 5 Fiberglass 6 Concrete tile 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut <u>X</u> 7 <u>PVC</u> 8 RMP (SR) 9 ABS 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole) 11 None (open hole)																																																
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Hole Plug</u>																																																
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																
What is the nearest source of possible contamination:																																																
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 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? _____ How many feet? _____																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>12</td> <td>Dark brown tight clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>18</td> <td>sandy tan clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>45</td> <td>sand and gravel med course</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>47</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>47</td> <td>48</td> <td>shale</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	3	top soil				3	12	Dark brown tight clay				12	18	sandy tan clay				18	45	sand and gravel med course				45	47	clay				47	48	shale			
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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) <u>11-11-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>11-22-93</u> under the business name of <u>Rosencrantz-Bemis</u> by (signature) _____																																																
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.																																																