

1) LOCATION OF WATER WELL:		Fraction	near center NW 1/4	Section Number	2	Township Number	24 S	Range Number	6 E			
County: Reno												
Distance and direction from nearest town or city street address of well if located within city? 1 mile South 3/4 miles West of South Hutchinson												
2) WATER WELL OWNER: C.B. Showalter					Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box #: 8803 E. Arlington Rd.					Application Number: 42657							
City, State, ZIP Code: Haven, KS 67543												
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4) DEPTH OF COMPLETED WELL: 120 ft. ELEVATION:									
			Depth(s) Groundwater Encountered 1. 28 ft. 2. _____ ft. 3. _____ ft.									
			WELL'S STATIC WATER LEVEL 28 ft. below land surface measured on mo/day/yr 7-2-97									
			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 30 in. to 120 in. to _____ in. to _____ in.									
			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 10 Monitoring well									
			Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted _____									
			Water Well Disinfected? Yes X No _____									
5) TYPE OF BLANK CASING USED:												
1 Steel 2 PVC			3 RMP (SR)			4 ABS			5 Wrought iron			
									6 Asbestos-Cement			
									7 Fiberglass			
Blank casing diameter 16 in. to 80 ft. Dia									8 Concrete tile			
Casing height above land surface 12 in. weight SCH 40 lbs./ft. Wall thickness or gauge No. 1.500									9 Other (specify below)			
TYPE OF SCREEN OR PERFORATION MATERIAL:												
1 Steel			3 Stainless steel			5 Fiberglass			7 PVC			
2 Brass			4 Galvanized steel			6 Concrete tile			8 RMP (SR)			
									9 ABS			
									10 Asbestos-cement			
									11 Other (specify)			
									12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:												
1 Continuous slot			3 Mill slot			5 Gauzed wrapped			7 Saw cut			
2 Louvered shutter			4 Key punched			6 Wire wrapped			9 Drilled holes			
						7 Torch cut			10 Other (specify)			
SCREEN-PERFORATED INTERVALS:												
From 80 ft. to 120 ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:												
From 120 ft. to 20 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 20 ft. to 0 ft.			From _____ ft. to _____ 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) gasline			
Direction from well? North												
FROM		TO		LITHOLOGIC LOG			FROM		TO		PLUGGING INTERVALS	
0		3		Top Soil								
3		14		Clay								
14		34		Sand & gravel								
34		45		Sand & gravel with clay								
45		63		clay								
63		75		clay with sand & gravel								
75		105		sand & gravel with clay								
105		120		sand & gravel								
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) 7-2-97 and this record is true to the best of my knowledge and belief. Kansas												
Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/yr) 7-30-97												
under the business name of Rosenkrantz Bemis Ent Inc by (signature) Alicia Coffey												

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.

OFFICE USE ONLY

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