WATER WELL RECORD   Form WWC-5   KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Reno	NW ¼ SE ¼ SE ¼	11	T 24S S	R 6W E/W

Distance and direction from nearest town or city street address of well if located within city?

2 3/4 So of So Hutch on west side

2 WATER WELL OWNER: C. B. Showalter	
RR#, St. Address, Box # : Route 2	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : Haven, Kansas	Application Number: 36,838

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

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            N
   +--------+--------+
   |   NW   |   NE   |
 W +--------+--------+ E
   |   SW   |  SE  x |
   +--------+--------+
            S
```
1 Mile

4 DEPTH OF COMPLETED WELL... 120 .... ft. ELEVATION: ....

Depth(s) Groundwater Encountered 1............ft. 2............ft. 3............ft.

WELL'S STATIC WATER LEVEL .... ft. below land surface measured on mo/day/yr ....

Pump test data: Well water was ...38.... ft. after ....1.... hours pumping ...110.... gpm

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

Bore Hole Diameter ....30.... in. to ...120.....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   9 Dewatering   12 Other (Specify below)

2 Irrigation   4 Industrial   7 Lawn and garden only   10 Observation well   ....

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

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron
2 PVC	4 ABS	6 Asbestos-Cement
		7 Fiberglass

8 Concrete tile   CASING JOINTS: Glued ...... Clamped .. X ..
9 Other (specify below)   Welded ....
Transite   Threaded................

Blank casing diameter ....16.....in. to ....81.....ft., Dia ....in. to ....ft., Dia ....in. to ....ft.

Casing height above land surface......18............in., weight .... lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC   10 Asbestos-cement

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) ..Transite........
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped   8 Saw cut   11 None (open hole)

1 Continuous slot   3 Mill slot   6 Wire wrapped   9 Drilled holes

2 Louvered shutter   4 Key punched   7 Torch cut   10 Other (specify) ....

SCREEN-PERFORATED INTERVALS: From......81.......ft. to.....120......ft., From............ft. to............ft.

From............ft. to............ft., From............ft. to............ft.

GRAVEL PACK INTERVALS: From......10.......ft. to.....120......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......0.......ft. to ....10....ft., From............ft. to............ft., From............ft. to............ft.

What is the nearest source of possible contamination: 10 Livestock pens   14 Abandoned water well

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	........NONE........

Direction from well?   How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Top Soil			
3	23	C/ Brown Clay			
23	71	CB Medium Sand			
71	75	C/ Clay			
75	98	CB Medium Sand			
98	100	C/ Clay			
100	120	CB Medium 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) ..05-1-84.............. 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) ..05--15-84....

under the business name of Rosencrantz-Bemis Enterprizes   by (signature) Nancy Wyanne Parker

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY   T 24 R 6 E/W SEC. 11 NW¼ SE¼ SE¼