

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>NE 1/4 SE 1/4 NE 1/4</u>	<u>21</u>	T <u>24</u> S	R <u>6</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 mi W, 3 1/4 N of Darlow</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <u>Glenn Showalter</u> <u>Rt 1</u> <u>Hutch, KS 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>148</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>143</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on mo/day/yr <u>5-26-88</u>			
		Pump test data: Well water was <u>65</u> ft. after <u>3</u> hours pumping <u>20</u> gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>38</u> ft., and <u>5</u> in. to <u>148</u> ft.			
		WELL WATER TO BE USED AS:			
		☒ Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) ☐ Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well			
		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 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ ☒ PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter _____ in. to <u>38</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>3.25</u> lbs./ft. Wall thickness or gauge No. <u>160</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut ☒ None used (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 _____ 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 ☒ Bentonite 4 Other _____					
Grout intervals: From <u>3</u> ft. to <u>13</u> ft., From <u>33</u> ft. to <u>38</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
☒ 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					
Direction from well? <u>N</u> How many feet? <u>105</u>					
FROM TO LITHOLOGIC LOG			FROM TO LITHOLOGIC LOG		
<u>0</u> <u>22</u> <u>B+ clay</u>					
<u>22</u> <u>30</u> <u>C sand</u>					
<u>30</u> <u>148</u> <u>Shale</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-26-88</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>447</u> This Water Well Record was completed on (mo/day/yr) <u>5-30-88</u>					
under the business name of <u>Miller Drilling</u> by (signature) <u>Em Miller</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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