

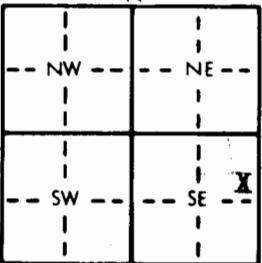
1 LOCATION OF WATER WELL: County: **Reno** Fraction: **SE 1/4 NE 1/4 SE 1/4** Section Number: **35** Township Number: **T 24 S** Range Number: **R 6W E/W**

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

1/2 E, 1 3/4 S of Darlow

2 WATER WELL OWNER: **Wilbur Hendershot**
 RR#, St. Address, Box #: **Route 2**
 City, State, ZIP Code: **Hutchinson, KS 67501**
 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: **160** ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. **90** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **97' 5"** ft. below land surface measured on mo/day/yr
 Pump test data: Well water was **115** ft. after **1** hours pumping **12** gpm
 Est. Yield **12** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **7 7/8** in. to **160** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 **Air conditioning** 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below) **Supply well**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **XX**; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **XX**

5 TYPE OF CASING USED:
 1 Steel 2 **PVC** 3 RMP (SR) 4 **ABS** 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) 10 Asbestos-cement 11 Injection well 12 Other (Specify below) **Supply well**
 Blank casing diameter **6** in. to **0 - 20** ft. Dia. **no pipe** in. to **21-160** Dia. _____ in. to _____ ft.
 Casing height above land surface **12** in. weight **160** lbs./ft. Wall thickness or gauge No. **216**
 TYPE OF SCREEN OR PERFORATION MATERIAL: **NONE** 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: **NONE** 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **0** ft. to **20** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 Bentonite 4 Other
 Grout Intervals: From **0** ft. to **20** 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) **N/A**
 Direction from well? **North** How many feet? **1000'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Top Soil			
3	50	Red rock			
50	75	Red and green sahle			
75	95	Green and brown shale			
95	100	Ren and green shale			
100	115	Red and green shale took some water.			
115	160	Green shale some red.			

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) **7/6/82** 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) **7/14/82** under the business name of **XX Rosencrantz - Bemis Ent.** by (signature) **Diane Scholtz**
 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
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6
EW
SEC
35
SE 1/4 NE 1/4 SE 1/4