

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>		<u>SW 1/4 NE 1/4 NE 1/4</u>	<u>16</u>	T <u>24</u> S	R <u>7</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>112 Bigger in Partridge</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>112 Bigger</u>		Application Number:			
City, State, ZIP Code : <u>Partridge, KS 67566</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>35</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>23</u> ft. below land surface measured on mo/day/yr <u>3-10-97</u>			
		Pump test data: Well water was <u>25</u> ft. after <u>12</u> hours pumping <u>25</u> gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>36</u> ft., and _____ in. to _____ ft.			
		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 <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		Casing Joints: Glued <u>X</u> Clamped _____			
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile			
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)			
Blank casing diameter <u>5</u> in. to <u>25</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass _____ Threaded _____			
Casing height above land surface <u>12</u> in., weight <u>2.29</u> lbs./ft. Wall thickness or gauge No. <u>160</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		11 Other (specify) _____			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		11 None (open hole)			
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut		10 Other (specify) _____			
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes					
3 SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>36</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		4 Other _____			
1 Neat cement 2 Cement grout 3 Bentonite					
Grout Intervals: From <u>3</u> ft. to <u>23</u> 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		12 Fertilizer storage 16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard					
Direction from well? <u>NW</u>		How many feet? <u>30</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Br clay			
10	27	F-C Sand			
27	34	White Rock - Sm layers Sand & Gravel			
34	35	Gravel			
35	36	White Rock			
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>3-10-97</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>3-20-97</u> under the business name of <u>Miller Drilling</u> by (signature) <u>Eg mills</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, 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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