

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Reno</u>		<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$		<u>16</u>		<u>T</u> <u>24</u> <u>S</u>		<u>R</u> <u>7</u> <u>EW</u>			
Distance and direction from nearest town or city street address of well if located within city? <u>10718 W. K61 Hwy, Partridge</u>											
2 WATER WELL OWNER: <u>Wade Metzger</u>											
RR#, St. Address, Box # : <u>10718 W. K61 Hwy</u>						Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <u>Partridge, KS 67566</u>						Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <u>30</u> ft. ELEVATION:								
1 Mile			Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.								
			WELL'S STATIC WATER LEVEL <u>26</u> ft. below land surface measured on mo/day/yr								
			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 <u>9</u> in. to <u>30</u> 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 Monitoring 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											
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded											
7 Fiberglass Threaded											
Blank casing diameter <u>5</u> in. to <u>20</u> ft., Dia. in. to ft., Dia. in. to ft.											
Casing height above land surface <u>24</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>214</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)											
3 Screen or perforation openings are:											
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)											
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes											
7 Torch cut 10 Other (specify)											
SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>30</u> ft., From ft. to ft.											
From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From <u>30</u> ft. to <u>20</u> 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 <u>Hole Plug</u>											
Grout intervals: From <u>20</u> ft. to <u>0</u> 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 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>East</u> How many feet? <u>300'</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		3		Top Soil							
3		7		Tan Clay							
7		12		Tan Clay w/Fine Sand							
12		30		Sand & Gravel w/pieces of Clay							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-19-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>11-12-98</u> under the business name of <u>Rosencrantz-Bemis Ent. Inc.</u> by (signature) <u>Alicia Coffey</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.											