

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <b>Reno</b>		<b>NE 1/4 SE 1/4 NE 1/4</b>	<b>12</b>	<b>T 24 S</b>	<b>R 7 EWD</b>
Distance and direction from nearest town or city? <b>3 mi E 3/4 N of Partridge</b>			Street address of well if located within city?		

  

2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : <b>RS1</b>		Application Number:
City, State, ZIP Code : <b>Hutchinson, KS 67501</b>		

  

3 DEPTH OF COMPLETED WELL: <b>50</b> ft. Bore Hole Diameter: <b>10</b> in. to <b>55</b> 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
Well's static water level: <b>27</b> ft. below land surface measured on <b>10</b> month <b>21</b> day <b>80</b> year	
Pump Test Data: Well water was <b>28</b> ft. after <b>1</b> hours pumping <b>20</b> gpm	
Est. Yield <b>50</b> gpm: Well water was . . . ft. after . . . hours pumping . . . gpm	

  

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped . . .
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded . . .
② PVC	4 ABS	7 Fiberglass		Threaded . . .
Blank casing dia <b>6</b> in. to <b>14 3/5</b> ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.				
Casing height above land surface: <b>14 3/5</b> in., weight <b>3.35</b> lbs./ft. Wall thickness or gauge No. <b>160</b>				
TYPE OF SCREEN OR PERFORATION MATERIAL:		② PVC	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:		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-Perforation Dia <b>6</b> in. to <b>50</b> ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.				
Screen-Perforated Intervals: From <b>35</b> ft. to <b>50</b> ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.				
Gravel Pack Intervals: From <b>30</b> ft. to <b>50</b> ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.				

  

5 GROUT MATERIAL:		② Heat cement	2 Cement grout	3 Bentonite	4 Other . . .
Grouted Intervals: From <b>3</b> ft. to <b>14</b> ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
What is the nearest source of possible contamination:		10 Fuel storage	14 Abandoned water well		
1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	15 Oil well/Gas well	
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	16 Other (specify below)	
3 Lateral lines	6 Pit privy	⑨ Livestock pens	13 Watertight sewer lines		
Direction from well <b>W</b> How many feet <b>70</b> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No					
was submitted . . . month . . . day . . . year: Pump Installed? Yes <input checked="" type="checkbox"/> No					
If Yes: Pump Manufacturer's name <b>Aermotor</b> Model No. <b>5020</b> HP <b>3/4</b> Volts <b>230</b>					
Depth of Pump Intake <b>40</b> ft. Pumps Capacity rated at <b>20</b> gal./min					
Type of pump: ① Submersible      2 Turbine      3 Jet      4 Centrifugal      5 Reciprocating      6 Other					

  

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ① constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <b>11</b> month <b>1</b> day <b>80</b> year	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>382</b>	
This Water Well Record was completed on <b>2</b> month <b>9</b> day <b>81</b> year under the business name of <b>Miller Water Well Service</b> by (signature) <b>Eva Miller</b>	

  

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<b>0</b>	<b>3</b>	<b>bl Top Soil</b>			
	<b>3</b>	<b>7</b>	<b>Gr Clay</b>			
	<b>7</b>	<b>10</b>	<b>Br Clay</b>			
	<b>10</b>	<b>55</b>	<b>F+C Sand</b>			

  

1 Mile

ELEVATION:

Depth(s) Groundwater Encountered 1. . . . ft. 2. . . . ft. 3. . . . ft. 4. . . . ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.