

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: <u>Reno</u>		<u>SW 1/4 SW 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>SW corner of Partridge</u>									
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box # :		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>46</u> ft. ELEVATION:							
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL <u>31</u> ft. below land surface measured on mo/day/yr <u>10-23-84</u>							
		Pump test data: Well water was <u>32</u> ft. after <u>1</u> hours pumping <u>25</u> gpm							
Est. Yield <u>50</u> gpm: Well water was ft. after hours pumping gpm									
Bore Hole Diameter <u>10</u> in. to <u>48</u> ft., and in. to ft.		WELL WATER TO BE USED AS:							
☒ Domestic		5 Public water supply 8 Air conditioning 11 Injection well							
☐ 2 Irrigation		3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
☐ 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:		CASING JOINTS: Glued <u>X</u> Clamped							
1 Steel		8 Concrete tile							
3 RMP (SR)		9 Other (specify below)							
☒ PVC		Welded							
4 ABS		Threaded							
Blank casing diameter <u>6</u> in. to <u>36</u> ft., Dia. in. to ft.									
Casing height above land surface <u>12</u> in., weight <u>3.35</u> lbs./ft. Wall thickness or gauge No. <u>160</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:		☒ PVC							
1 Steel		10 Asbestos-cement							
3 Stainless steel		11 Other (specify)							
2 Brass		12 None used (open hole)							
4 Galvanized steel									
6 Concrete tile									
9 ABS									
SCREEN OR PERFORATION OPENINGS ARE:		☒ Saw cut							
1 Continuous slot		11 None (open hole)							
3 Mill slot		9 Drilled holes							
2 Louvered shutter		10 Other (specify)							
4 Key punched									
SCREEN-PERFORATED INTERVALS:		From <u>36</u> ft. to <u>46</u> ft., From ft. to ft.							
		From ft. to ft., From ft. to ft.							
GRAVEL PACK INTERVALS:		From <u>30</u> ft. to <u>48</u> ft., From ft. to ft.							
		From ft. to ft., From ft. to ft.							
6 GROUT MATERIAL:		4 Other							
☒ Neat cement		2 Cement grout							
3 Bentonite									
Grout Intervals: From <u>7</u> ft. to <u>14</u> ft., From ft. to ft.									
What is the nearest source of possible contamination:		10 Livestock pens							
☒ Septic tank		14 Abandoned water well							
4 Lateral lines		11 Fuel storage							
2 Sewer lines		15 Oil well/Gas well							
5 Cess pool		12 Fertilizer storage							
3 Watertight sewer lines		16 Other (specify below)							
6 Seepage pit		13 Insecticide storage							
9 Feedyard									
Direction from well? <u>SE</u>		How many feet? <u>90</u>							
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG				
0	5	Gr Clay							
5	14	Br Clay							
14	37	Sand + Gravel							
37	38	Hard Sand Stone							
38	40	Sand + Gravel							
40	41	Hard sand Stone							
41	46	Sand + Gravel							
46	48	Red shale							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) <u>10-24-84</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>2-18-85</u> under the business name of <u>Miller Drilling</u> by (signature) <u>Eva 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									