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|---|----|---|---|---|--------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: <u>Reno</u> | | <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ | <u>21</u> | <u>T 24 S</u> | <u>R 7 W</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 mile South of Partridge, KS</u> | | | | | |
| 2 WATER WELL OWNER: <u>Robert W. Hill</u> | | | | | |
| RR#, St. Address, Box # : <u>11819 S. Partridge RD.</u> | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code : <u>Partridge, KS 67566</u> | | | Application Number: <u>Redrill #39,09</u> | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: <u>61</u> ft. ELEVATION: _____ | | | |
| | | Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. _____ ft. 3. _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on mo/day/yr <u>3-19-94</u> | | | |
| | | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Est. Yield <u>300-400</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Bore Hole Diameter <u>12</u> in. to <u>62</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 | |
| 2 PVC | | 4 ABS | | 6 Asbestos-Cement | |
| | | | | 7 Fiberglass | |
| | | | | 8 Concrete tile | |
| | | | | 9 Other (specify below) | |
| | | | | CASING JOINTS: Glued <u>X</u> Clamped _____ | |
| | | | | Welded _____ | |
| | | | | Threaded _____ | |
| Blank casing diameter <u>8</u> in. to <u>41</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. | | | | | |
| Casing height above land surface <u>12</u> in., weight <u>5.72</u> lbs./ft. Wall thickness or gauge No. <u>332</u> | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel | | 3 Stainless steel | | 5 Fiberglass | |
| 2 Brass | | 4 Galvanized steel | | 6 Concrete tile | |
| | | | | 7 PVC | |
| | | | | 8 RMP (SR) | |
| | | | | 10 Asbestos-cement | |
| | | | | 11 Other (specify) _____ | |
| | | | | 12 None used (open hole) | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| 1 Continuous slot | | 3 Mill slot | | 5 Gauzed wrapped | |
| 2 Louvered shutter | | 4 Key punched | | 6 Wire wrapped | |
| | | | | 7 Torch cut | |
| | | | | 8 Saw cut | |
| | | | | 10 Other (specify) _____ | |
| SCREEN-PERFORATED INTERVALS: From <u>41</u> ft. to <u>61</u> ft., From _____ ft. to _____ ft. | | | | | |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>61</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 _____ | | | | | |
| Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | |
| What is the nearest source of possible contamination: <u>None within 1/4 mile</u> | | | | | |
| 1 Septic tank | | 4 Lateral lines | | 7 Pit privy | |
| 2 Sewer lines | | 5 Cess pool | | 8 Sewage lagoon | |
| 3 Watertight sewer lines | | 6 Seepage pit | | 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) | |
| Direction from well? _____ How many feet? _____ | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 3 | Top Soil | | | |
| 3 | 17 | Brown Clay | | | |
| 17 | 23 | Brown Sandy Clay | | | |
| 23 | 50 | Medium to Course Sand | | | |
| 50 | 51 | Brown Clay | | | |
| 51 | 61 | Fine Sand | | | |
| 61 | 62 | Red Shale | | | |
| 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>3-19-94</u> and this record is true to the best of my knowledge and belief. Kansas | | | | | |
| Water Well Contractor's License No. <u>138</u> This Water Well Record was completed on (mo/day/yr) <u>4-8-94</u> | | | | | |
| under the business name of <u>Peterson Irrigation Inc.</u> by (signature) <u>Mike Peterson</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. | | | | | |