

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County:	Reno	NW ¼ NW ¼ NE ¼	8	T 25 S	R 4 W
Distance and direction from nearest town or city street address of well if located within city? 139 S. Kansas St., Haven KS			Global Positioning System (decimal degrees, min. of 4 digits)		
			Latitude: N 37 53 51.03945		

2	WATER WELL OWNER: Kwik Shop #760		Elevation:	1475.75
	RR#, St. Address, Box #	: 139 S. Kansas St.	Datum:	NAVD88-12A
	City, State, ZIP Code	: Haven KS	Data Collection Method:	legal survey

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">X</td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">NW</td> <td></td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td></td> <td style="text-align: center;">SE</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> S		X		NW		NE				SW		SE				4 DEPTH OF COMPLETED WELL <u>30</u> ft. MW13 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>NA</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 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) _____ 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 _____ No <u>X</u>
	X															
NW		NE														
SW		SE														

5 TYPE OF CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____	
② PVC	4 ABS	7 Fiberglass	_____	Threaded _____ X	
Blank casing diameter _____ 2 _____ in. to _____ 15 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height below land surface _____ NA _____ ft., Weight _____ lbs./ft.		Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel	3 Stainless steel	5 Fiberglass	⑦ PVC	9 ABS	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot	③ Mill slot	5 Gauze wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:					
	From _____ 15 _____ ft. to _____ 30 _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:					
	From _____ 12.76 _____ ft. to _____ 29.76 _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
	From _____ ft. to _____ ft.	From _____ ft. to _____ 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 Concrete: 0-1ft**
Grout Intervals From 1 ft. to 12.76 ft. From ft. to 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 13 Insecticide Storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Gray brown soil			
5	10	Red brown silty clay w/ fine sand			
10	25	Red brown clay			
25	30	Red brown clay w/ fine sand			
					Flushmount waiver from BOW

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) 11/16/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 11/30/12 under the business name of **Larsen & Associates, Inc.** by (signature) 

INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to **WATER WELL OWNER** and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.