

1 LOCATION OF WATER WELL: County: Reno		Fraction NW 1/4 SE 1/4 SW 1/4	Section Number 4	Township Number T 26 S	Range Number R 10 E (W)				
Distance and direction from nearest town or city street address of well if located within city? Approximately 250' north of the intersection of Nebraska St. and N. Dunkin St. in Turon			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 37.809306 Longitude: -98.423745 Elevation: unknown Datum: NAD 83 Data Collection Method: WAAS GPS Unit						
2 WATER WELL OWNER: City of Turon RR#, St. Address, Box # : P.O. Box 366 City, State, ZIP Code : Turon, KS 67583									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S <table border="1" style="margin: 10px auto; width: 100px; text-align: center;"><tr><td>--NW--</td><td>--NE--</td></tr><tr><td>--SW-- X</td><td>--SE--</td></tr></table>		--NW--	--NE--	--SW-- X	--SE--	4 DEPTH OF COMPLETED WELL 83 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL Not checked ft. below land surface measured on mo/day/yr. _____ Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm Est. Yield unknown 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) _____ 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Test Well Was a chemical/bacteriological sample submitted to Department? Yes ☒ No _____ If yes, mo/day/yr _____ Sample was submitted 10-10-06 Water well disinfected? Yes _____ No ☒			
--NW--	--NE--								
--SW-- X	--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 _____ Blank casing diameter 5 in. to 55 ft., Diameter 5 in. to 69 ft., Diameter _____ in. to _____ ft. Casing height above land surface 24 in., weight .214 lbs./ft. Wall thickness or gauge No. 2.36 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 Gauzed 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 55 ft. to 69 ft., From _____ ft. to _____ ft. From 71 ft. to 81 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 81 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 _____ Bentonite Holeplug Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From 0 ft. to 20 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? West How many feet? 25									
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS							
0	2	Topsoil	37	43	Sand and gravel, fine to medium				
2	4	Clay, brown, hard	43	55	Clay, tan, white				
4	7	Clay, tan, sandy	55	69	Sand and gravel, fine to medium				
7	16	Sand and gravel, fine to medium, clay streaks, tan, white	69	71	Clay, tan				
16	26	Clay, white, brown, caliche streaks, firm, some sand streaks	71	83	Sand, fine to coarse				
26	30	Sand and gravel, fine to medium							
30	31	Clay, brown, sandy							
31	36	Sand and gravel, fine to medium							
36	37	Clay, white with cemented sand							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 9-29-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 10-10-06 Under the business name of Clarke Well & Equipment, Inc. by (signature) <i>Clarke Well & Equipment, Inc.</i>									
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, 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.									