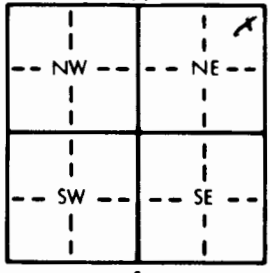


1 LOCATION OF WATER WELL: County: <u>Reed</u> Distance and direction from nearest town or city street address of well if located within city? <u>2 N + 2 W of St. Joe</u>		Traction: <u>NE 1/4 NE 1/4 NW 1/4</u> Section Number: <u>21</u> Township Number: <u>T 26 S</u> Range Number: <u>R 4 E</u>	
2 WATER WELL OWNER: <u>Red Tiger Drilling Co.</u> RR#, St. Address, Box #: <u>1120 KSB & Bldg.</u> City, State, ZIP Code: <u>WICHITA, KS. 67202</u>		Board of Agriculture, Division of Water Resources Application Number: <u>T83-90.</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  1 Mile scale bar		4 DEPTH OF COMPLETED WELL: <u>100</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL _____ 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 Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic <u>2</u> Public water supply <u>5</u> Air conditioning <u>11</u> Injection well 2 Irrigation <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) 3 Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) 4 Industrial <u>7</u> Lawn and garden only <u>10</u> Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____	
5 TYPE OF BLANK CASING USED: 1 Steel <u>2</u> PVC <u>3</u> RMP (SR) <u>4</u> ABS <u>5</u> Wrought iron <u>6</u> Asbestos-Cement <u>7</u> Fiberglass <u>8</u> Concrete tile <u>9</u> Other (specify below) Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface: <u>3 ft. below</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <u>2</u> Brass <u>3</u> Stainless steel <u>4</u> Galvanized steel <u>5</u> Fiberglass <u>6</u> Concrete tile <u>7</u> PVC <u>8</u> RMP (SR) <u>9</u> ABS <u>10</u> Asbestos-cement <u>11</u> Other (specify) <u>12</u> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>2</u> Louvered shutter <u>3</u> Mill slot <u>4</u> Key punched <u>5</u> Gauzed wrapped <u>6</u> Wire wrapped <u>7</u> Torch cut <u>8</u> Saw cut <u>9</u> Drilled holes <u>10</u> Other (specify) <u>11</u> None (open hole) SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____ 8 Saw cut <u>11</u> None (open hole) 9 Drilled holes <u>10</u> Other (specify) _____	
6 GROUT MATERIAL: Grout Intervals: From <u>6</u> ft. to <u>3</u> ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank <u>2</u> Sewer lines <u>3</u> Watertight sewer lines <u>4</u> Lateral lines <u>5</u> Cess pool <u>6</u> Seepage pit <u>7</u> Pit privy <u>8</u> Sewage lagoon <u>9</u> Feedyard <u>10</u> Livestock pens <u>11</u> Fuel storage <u>12</u> Fertilizer storage <u>13</u> Insecticide storage <u>14</u> Abandoned water well <u>15</u> Oil well/Gas well <u>16</u> Other (specify below) Direction from well? _____ How many feet? _____		14 Abandoned water well <u>15</u> Oil well/Gas well <u>16</u> Other (specify below) _____	
FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
100'	45'	SAND + GRAVEL (7.62 cu. ft.)	(6.9 cu. ft.)
45'	6'	CLAYS (5.4 cu. ft.)	(4.7 cu. ft.)
6'	3'	Cement Grout (14.9 cu. ft.)	(0.38 cu. ft.)
		$P = 3.1416 \times .21 \times 55 = 6.9 \text{ cu. ft.}$	
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>3-9-83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>3-16-83</u> under the business name of _____ by (signature) <u>Michael J. Renne</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.			