

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number								
County: <u>Reno</u>		<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>30</u>	T <u>26</u> S	R <u>5</u> EW								
Distance and direction from nearest town or city street address of well if located within city? <u>25, 6 1/2 E. Pretty Prairie</u>													
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources											
RR#, St. Address, Box #		Application Number:											
City, State, ZIP Code													
<u>L.R. Stucky</u>													
<u>1216 Maple Grove Rd.</u>													
<u>Pretty Prairie, KS. 67570</u>													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>74</u> ft. ELEVATION:											
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td> </td><td> </td></tr><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr><tr><td> </td><td>X</td></tr></table>				NW	NE	SW	SE		X	Depth(s) Groundwater Encountered 1. <u>16</u> ft. 2. <u>40</u> ft. 3. <u>68</u> ft.			
		NW	NE										
		SW	SE										
	X												
WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr <u>4-11-96</u>													
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 <u>10</u> in. to <u>74</u> ft. and _____ in. to _____ ft.													
WELL WATER TO BE USED AS:													
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	8 Concrete tile	CASING JOINTS: <u>Glued</u> Clamped _____								
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____								
		7 Fiberglass			Threaded _____								
Blank casing diameter <u>5</u> in. to <u>34</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.													
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR26</u>													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement								
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____								
SCREEN OR PERFORATION OPENINGS ARE:													
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)								
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes									
		7 Torch cut	10 Other (specify) _____										
SCREEN-PERFORATED INTERVALS: From <u>34</u> ft. to <u>74</u> ft. From _____ ft. to _____ ft.													
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>74</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 <u>Baro-d-Hole Plug</u>									
Grout intervals: From <u>3</u> ft. to <u>20</u> 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	14 Abandoned water well								
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well								
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)								
				13 Insecticide storage									
Direction from well? <u>W</u> How many feet? <u>200</u>													
FROM		TO	LITHOLOGIC LOG	FROM	TO								
0		3	Soil										
3		7	Sandy Clay										
7		20	Med. Sand										
20		40	Fine Sand clay Mix										
40		74	Red Shale										
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-11-96</u> and this record is true to the best of my knowledge and belief. Kansas													
Water Well Contractor's License No. <u>395</u>		This Water Well Record was completed on (mo/day/yr) <u>5-10-96</u>											
under the business name of <u>Craig Roberts Co.</u>		by (signature) <u>Craig Roberts</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.													