

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Reno</u>		SE 1/4 NE 1/4 NW 1/4		2		T 26 S		R 7 E/W			
Distance and direction from nearest town or city street address of well if located within city?											
<u>3 miles North & 1 1/2 miles west of Pretty Prairie, KS</u>											
2 WATER WELL OWNER:		Charles Bentson									
RR#, St. Address, Box # :		205 W. 29th									
City, State, ZIP Code :		Hutchinson, KS 67501									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		Board of Agriculture, Division of Water Resources Application Number: <u>41,637</u>									
		4 DEPTH OF COMPLETED WELL: <u>105</u> ft. ELEVATION: _____									
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL <u>43</u> ft. below land surface measured on mo/day/yr <u>8/5/97</u>									
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm									
Est. Yield <u>800-1000</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm		Bore Hole Diameter: <u>30</u> in. to <u>105</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)		<u>X</u> 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:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____									
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded _____									
<u>X</u> PVC 4 ABS		7 Fiberglass _____ Threaded _____									
Blank casing diameter <u>16</u> in. to <u>65</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.											
Casing height above land surface <u>12</u> in. weight <u>16.15</u> lbs./ft. Wall thickness or gauge No. <u>500</u>											
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>X</u> PVC 10 Asbestos-cement									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
1 Continuous slot <u>X</u> Mill slot 6 Wire wrapped 9 Drilled holes		10 Other (specify) _____									
2 Louvered shutter 4 Key punched 7 Torch cut											
SCREEN-PERFORATED INTERVALS: From <u>65</u> ft. to <u>105</u> ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>105</u> ft. From _____ ft. to _____ ft.											
6 GROUT MATERIAL: 1 Neat cement <u>X</u> Cement grout 3 Bentonite 4 Other _____											
Grout Intervals: From <u>0</u> ft. to <u>20</u> 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 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? _____ How many feet? _____											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		2		Sandy Topsoil							
2		18		Fine Sand							
18		30		Fine Sand with Clay							
30		78		Fine to Medium Sand							
78		104		Medium to Coarse Sand							
104		105		Red Shale							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>X</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/5/97</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>8/13/97</u> under the business name of <u>Peterson Irrigation, Inc.</u> by (signature) _____											
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.											