

1] LOCATION OF WATER WELL:	Fraction: SW 1/4 NE 1/4 SE 1/4	Section Number: 5	Township Number: T 35 S	Range Number: R 25 E (1)	
County: <u>Clark</u>					
Distance and direction from nearest town or city street address of well if located within city? <u>4 1/2 S from Englewood</u>					
2] WATER WELL OWNER: <u>Charlie Theis Co.</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>4600 Kietzkelane Sutel 188</u>		Application Number:			
City, State, ZIP Code: <u>Reno, Nevada 89502</u>					
3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4] DEPTH OF COMPLETED WELL: <u>140</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL: <u>98.54</u> ft. below land surface measured on mo/day/yr <u>3-3-97</u>			
		Pump test data: Well water was <u>98</u> ft. after <u>1</u> hours pumping <u>30</u> gpm			
		Est. Yield <u>30</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>8 3/4</u> in. to <u>140</u> ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		<input type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
5] TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
Blank casing diameter: <u>5</u> in. to <u>100</u> ft., Dia _____ in. to _____ ft.		Welded _____			
Casing height above land surface: <u>24</u> in., weight _____ lbs./ft.		Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		<input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From <u>100</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>20</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6] GROUT MATERIAL:		<input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 4 Other _____ <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout			
Grout Intervals: From <u>top</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		<input checked="" type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage			
Direction from well? <u>NE</u>		How many feet? <u>1500</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>5</u>	<u>topsoil</u>			
<u>5</u>	<u>140</u>	<u>red clay w/streaks of sand</u>			
7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-13-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>101</u> This Water Well Record was completed on (mo/day/yr) <u>3-13-97</u> under the business name of <u>Bartel Well Drilling Inc.</u> by (signature) <u>Ruben J. Bartel</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.					

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