

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number		Township Number	Range Number	
County: <u>Thomas</u>		NW ¼ SE ¼ SE ¼	17		T 9 S	R 32 E/W	
Distance and direction from nearest town or city street address of well if located within city? <u><del>XXXXXXXXXXXXXXX</del> 2 east and 1 south of Mingo</u>							
<b>2 WATER WELL OWNER:</b> Robert Renner RR#, St. Address, Box # : Rt 1 City, State, ZIP Code : Oakley, Ks 67748				Board of Agriculture, Division of Water Resources Application Number:			
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL.. 170 .. ft. ELEVATION:</b>					
<p>A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, and SE. An 'X' is marked in the center of the SE quadrant.</p>		Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft. WELL'S STATIC WATER LEVEL 120.....ft. below land surface measured on mo/day/yr 10-10-89..... Pump test data: Well water was .....ft. after ..... hours pumping ..... gpm Est. Yield ..... gpm: Well water was <u>not tested</u> .....ft. after ..... hours pumping ..... gpm Bore Hole Diameter.....8...in. to ....170.....ft., and .....in. to .....ft. WELL WATER TO BE USED AS: <u>1 Domestic</u> 3 Feedlot         6 Oil field water supply     8 Air conditioning     11 Injection well 2 Irrigation        4 Industrial     7 Lawn and garden only   9 Dewatering          12 Other (Specify below) 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					
<b>5 TYPE OF BLANK CASING USED:</b>		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)	
2 PVC		4 ABS		7 Fiberglass		Threaded	
Blank casing diameter .....5....in. to ...150.....ft., Dia.....in. to .....ft., Dia.....in. to .....ft.							
Casing height above land surface.....18.....in., weight .....1...8/10.....lbs./ft. Wall thickness or gauge No. 1/4"							
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>		5 Fiberglass		8 RMP (SR)		11 Other (specify) .....	
1 Steel		3 Stainless steel		7 PVC		10 Asbestos-cement	
2 Brass		4 Galvanized steel		9 ABS		12 None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		5 Gauzed wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot		3 Mill slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		4 Key punched		7 Torch cut		10 Other (specify) .....	
<b>SCREEN-PERFORATED INTERVALS:</b>		From.....150.....ft. to ....170.....ft., From.....ft. to .....ft.					
		From.....ft. to .....ft., From.....ft. to .....ft.					
<b>GRAVEL PACK INTERVALS:</b>		From.....18.....ft. to ....170.....ft., From.....ft. to .....ft.					
		From.....ft. to .....ft., From.....ft. to .....ft.					
<b>6 GROUT MATERIAL:</b>		1 Neat cement		2 Cement grout		3 Bentonite	
Grout Intervals: From.....4...ft. to ....18.....ft., From.....ft. to .....ft., From.....ft. to .....ft.							
<b>What is the nearest source of possible contamination:</b>		7 Pit privy		10 Livestock pens		14 Abandoned water well	
1 Septic tank		4 Lateral lines		11 Fuel storage		15 Oil well/Gas well	
2 Sewer lines		5 Cess pool		12 Fertilizer storage		16 Other (specify below)	
3 Watertight sewer lines		6 Seepage pit		13 Insecticide storage		.....in pasture.....	
Direction from well?		How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
0	28	top soil					
28	50	sand rock and sand strips					
50	58	sandy clay					
58	103	sand rock and sand strips					
103	137	sandy clay and sand strips					
137	152	sand and sand rock strips					
152	164	sand good					
164	170	oker and shale					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .....10-10-89..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 139..... This Water Well Record was completed on (mo/day/yr) .....10-10-89..... under the business name of <u>Bartell Drilling</u> by (signature) <u>Joyce Bartell</u>							
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answer. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.							