| 1 LOCAT | TION OF WATE | ER WELL: | Fraction | | | Section Number | Township Number | Range Number | |
|---|---|--|---|---|----------------------------|---|--|---|--|
| | | arvey | | | | | T 22 S | R 2 (B)W | |
| | | | own or city street add | iress of well if lo | cated within | city? | | | |
| | hway 50, W | | | | | | · | | |
| | | | ers Grain COOP | | | | | | |
| RR#, St. A | ddress, Box # | : P.O. B | Box 467 | | | | Board of Agriculture, D | ivision of Water Resources | |
| City, State | , ZIP Code | : North | Newton, Kansa | s 67117 | | | Application Number: | | |
| 3 LOCAT | E WELL'S LO | CATON WITH | $H \left[A \right]$ | | | | | 3 ft. | |
| AN "X" | IN SECTION I | BOX: | DEPTH OF C | OMPLETED WE | ELL | 14.0 ft. ELEV | ATION: | | |
| | N | | Depth(s) Ground | vater Encounter | ed 1 | 9.5 ft. | 2 ft. | 3ft. | |
| ↑ | | | WELL'S STATIC | WATER LEVEL | 9.02 | ft. below land su | rface measured on mo/da | y/yr 11/29/04 | |
| | Nw | NF | Pump | test data: We | ll water was | ft. | after hour | s pumpinggpm | |
| | 111 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | | s pumping gpm | |
| ₹ W | | ┸ | Bore Hole Diome | er 85 | in to | 14.0 | t and | in to | |
| - | | | WELL WATER TO | D BE USED AS: | 5 Public | water supply | 8 Air conditioning | in. to ft. 11 Injection well 12 Other (Specify below) | |
| | sw | SE | 1 Domestic | 3 Feed lot | 6 Oil field | water supply | 9_Dewatering | 12 Other (Specify below) | |
| | 1 | ! | 2 Irrigation | 4 Industrial | 7 Lawn a | nd garden (domestic) | (10)Monitoring well | | |
| l♦ L | X | | Was a chemical/b | acteriological sa | ample submit | ted to Department? Y | es No If y | es, mo/day/yr sample was | |
| | S | | submitted | | | | | No X | |
| 5 TYPE | OF BLANK CA | SING LISED: | | 5 Wrought In | on A | | | ued Clamped | |
| 1 S | | | | - | | Other (specify below | | | |
| | | | (SR) | | | | | elded | |
| | VC | | | 7 Fiberglass | | | | readed X | |
| | | | | | | | | in. to ft. | |
| Casing height above land surface Flush Mount in., weight lbs./ft. Wall thickness or gauge No. Schedule 40 | | | | | | | | | |
| Casing height above land surface Flush Mount in., weight Ibs./ft. Wall thickness or gauge No. Schedule 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement | | | | | | | | | |
| 1 S | teel | 3 Stain | iless steel | 5 Fiberglass | | 8 RMP (SR) | 11 Other (specif | y) | |
| | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) | | | | | | | | | |
| 1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 14.0 ft. to 5.0 ft. From ft. to ft. | | | | | | | | | |
| | | | | | | | | t. toft. | |
| GI | RAVEL PACK | INTERVALS | | | | | | t. toft. | |
| | 01122171011 | | | | | | | | |
| From ft. to ft. From ft. ft. From ft. to ft. From ft. ft. From ft. to ft. From ft. ft. ft. From ft. ft. ft. From ft. ft. ft. From ft. | | | | | | | | | |
| $\overline{}$ | | | | | | | | | |
| | | | | ft. From | 1.0 | | | ft. to ft. | |
| | | ce of possible | contamination: | | | | F | bandoned water well | |
| 1 | eptic tank | | 4 Lateral lines | | it privy | | | Dil well/ Gas well | |
| 2 S | ewer lines | | 5 Cess pool | 8 S | ewage lagoo | n 12 Fertiliz | er storage 16 (| Other (specify below) | |
| 3 W | atertight sewe | r lines | 6 Seepage pit | 9 F | eedyard | 13 Insection | cide storage | | |
| Direction from well? Southeast How many feet? 105 | | | | | | | | | |
| FROM | TO | CODE | | | | LITHOLOGIC LOG | | | |
| 0.0 | 5.0 | | | | | | e fragments, friable | , very moist | |
| 5.0 | 6.0 | | | | | nts, firm, very m | oist-moist | | |
| 6.0 | 10.0 | | Brown silty clay, limestone fragments, firm, moist | | | | | | |
| 10.0 | 12.5 | | Light olive brown slightly silty clay-weathered shale, hard, slightly moist | | | | | | |
| 12.5 | 14.0 | | | hale-slightly | silty clay | , hard, slightly m | oist | | |
| 14.0 | | Li | mestone | | | | | | |
| | | | | | | | | | |
| L | | | - | | | | | | |
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| | | | | | | | | | |
| | | | | Flush-m | nount well | completion waiv | er existent for site. | | |
| | | | | | | | | | |
| | | | | | _ | | | | |
| 7 CONTR | 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under ny jurisdiction and was | | | | | | | | |
| completed on (mo/day/yr) 11/08/04 and this record is true to the best of my knowledge and belief. Kansas | | | | | | | | | |
| Completed | |) | | /04 | | and this record is true | e to the best of my knowle | edgle a∕nd bølief. Wyansas | |
| Water Wel | on (mo/day/yr) | icense No. | 11/08 | /04 692 | | | | | |
| Water Wel | on (mo/day/yr) I Contractor's L | icense No. | 11/08 | 692 | | This Water Well Rec | ord was completed on n | | |
| Water Wel | on (mo/day/yr) I Contractor's L ousiness name | icense No of | 11/08 Quad | 692 State Servic | es, Inc. | This Water Well Rec | ord was completed/on/(n (signature) | o/day19ry / 1/29/94 | |
| Water Well under the t | on (mo/day/yr) I Contractor's L ousiness name RUCTIONS:. Ple | icense No. of ease fill in blan | 11/08 Quad ks and circle the corre | 692 State Servic ct answers. Send | es, Inc. I three copies | This Water Well Rec by to Kansas Department | ord was completed/on/(n (signature) | o/daylory 11/29/04 Bureau of Water, 1000uS W | |