

1 LOCATION OF WATER WELL  
 County: HARVEY Fraction NE 1/4 SW 1/4 NE 1/4 Section Number 2 Township Number T 23 S Range Number R 1 E/W

Distance and direction from nearest town or city? 2 mi. East and 2 1/2 mi. N. of Newton, KS.  
 Street address of well if located within city? \_\_\_\_\_

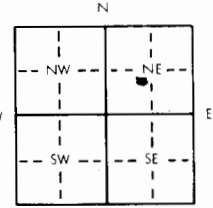
2 WATER WELL OWNER: Jack Hay  
 RR#, St. Address, Box #: 1312 ANDERSON Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Newton KS 67114 Application Number: \_\_\_\_\_

3 DEPTH OF COMPLETED WELL: 30' ft. Bore Hole Diameter: 9 in. to \_\_\_\_\_ ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 1 Domestic  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)  
 Well's static water level: 6 ft. below land surface measured on DEC month 18 day 1980 year  
 Pump Test Data: Well water was 0 ft. after 5 min hours pumping 15 gpm  
 Est. Yield: 0 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED: DRY HOLE  
 1 Steel  3 RMP (SR)  6 Asbestos-Cement  9 Other (specify below)  8 Concrete tile  10 Observation well  
 2 PVC  4 ABS  7 Fiberglass  11 Other (specify below)  
 Blank casing dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface \_\_\_\_\_ in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 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  12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot  3 Mill slot  6 Wire wrapped  9 Drilled holes  11 None (open hole)  
 2 Louvered shutter  4 Key punched  7 Torch cut  10 Other (specify) \_\_\_\_\_  
 Screen-Perforation Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other \_\_\_\_\_  
 Grouted Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank  4 Cess pool  7 Sewage lagoon  10 Fuel storage  14 Abandoned water well  
 2 Sewer lines  5 Seepage pit  8 Feed yard  11 Fertilizer storage  15 Oil well/Gas well  
 3 Lateral lines  6 Pit privy  9 Livestock pens  12 Insecticide storage  16 Other (specify below) \_\_\_\_\_  
 Direction from well \_\_\_\_\_ How many feet \_\_\_\_\_ ? Water Well Disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: Pump Manufacturer's name \_\_\_\_\_ Model No. \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
 Depth of Pump Intake \_\_\_\_\_ ft. Pumps Capacity rated at \_\_\_\_\_ gal./min.  
 Type of pump:  1 Submersible  2 Turbine  3 Jet  4 Centrifugal  5 Reciprocating  6 Other \_\_\_\_\_

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on DEC month 19 day 1980 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 221  
 This Water Well Record was completed on Jan month 3 day 1980 year under the business name of \_\_\_\_\_ by (signature) Frank Budde

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top soil			
2	12	Sandy clay			
12	14	FINE sand			
14	30	Blue Clay			

  
 X Well plugged due to high nitrate content in water  
 ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1. 12 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft. 4. \_\_\_\_\_ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
T  
R  
SEC.  
NE 1/4 SW 1/4 NE 1/4