

LOCATION OF WATER WELL
 County: **HOVEY** Fraction: **20 of SE 1/4 NE 1/4** Section Number: **2** Township Number: **T 23 S** Range Number: **R 1 E**

Distance and direction from nearest town or city? **2 mi East and 2 1/2 mi N. of NEWBURN, Ks.**
 Street address of well if located within city? _____

WATER WELL OWNER: **Jack Hay**
 R#, St. Address, Box #: **1312 Anderson**
 City, State, ZIP Code: **Newton, Ks. 67114**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

DEPTH OF COMPLETED WELL: **72** 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 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well

Well's static water level: **18** ft. below land surface measured on **DEC** month **15** day **1980** year
 Pump Test Data: Well water was **0** ft. after **1 1/2** hours pumping **20** gpm
 Test Yield: **4** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED: **DRY HOLE**
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 2 PVC 4 ABS 7 Fiberglass
 Casing Joints: Glued _____ Clamped _____
 Welded _____ Threaded _____

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: **DRY HOLE**
 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:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 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.

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 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 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 submitted _____ month _____ day _____ year

Was 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

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 **16** 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 **9** day **1980** year under the business name of _____ by (signature) **Thomas Buddle**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	4	Top Soil			
	4	12	Brown clay			
	12	20	Blue clay			
	20	35	FINE sand			
	35	72	BLUE shale			

WELL was plugged because of high nitrate content in water

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **20** 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
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SEC
C of SE 1/4 NE 1/4