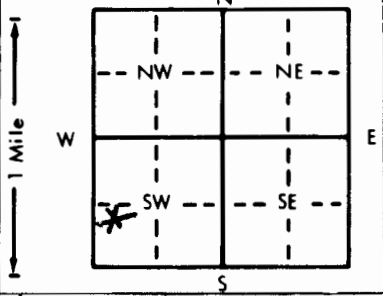


1 LOCATION OF WATER WELL: County: Harvey Fraction: NW 1/4 SW 1/4 SW 1/4 Section Number: 5 Township Number: T 23 S Range Number: R 1 E/W

Distance and direction from nearest town or city street address of well if located within city?
2619 Golden Rod - N Newton KS

2 WATER WELL OWNER: Bill Mosler
 RR#, St. Address, Box #: 2619 Golden Rod
 City, State, ZIP Code: N. Newton KS 67117
 Board of Agriculture, Division of Water Resources
 Application Number:

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



4 DEPTH OF COMPLETED WELL: 82' ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 26 ft. 2. 57 ft. 3. 78 ft.
 WELL'S STATIC WATER LEVEL: 20 ft. below land surface measured on mo/day/yr 7-2-85
 Pump test data: Well water was 80 ft. after 3 hours pumping 24 gpm
 Est. Yield: 20+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 10 in. to 82 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 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
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued X Clamped _____
 Blank casing diameter: 5 in. to 20 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight 2.37 lbs./ft. Wall thickness or gauge No. 2.14

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 7 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 1.025 6 Wire wrapped 7 Torch cut 8 Saw cut factory 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 20 ft. to 30 ft., From 72 ft. to 82 ft.
 From 55 ft. to 63 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 10 ft. to 82 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 2 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well? NE How many feet? 25

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	loam to br clay			
5	10	brown clay to red brown			
10	15	red brown clay to brown			
15	21	light brown clay			
21	26	sandy tan clay			
26	30	sand - med			
30	35	red to green to grey shale			
35	40	gray shale to dark Wellington			
40	82	Wellington shale w/ faults at 57'-63'-78'			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-2-85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 457 This Water Well Record was completed on (mo/day/yr) 7-31-85 under the business name of United water well & pump by (signature) Paul Burkert

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.