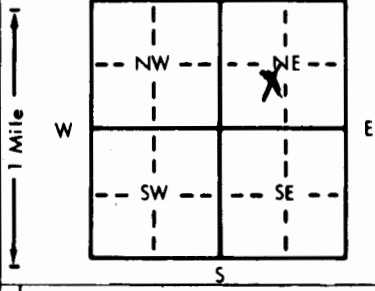


1 LOCATION OF WATER WELL: County: Harvey Fraction: Ne 1/4 Sw 1/4 ne 1/4 Section Number: 8 Township Number: T 23 S Range Number: R 1 E

Distance and direction from nearest town or city street address of well if located within city?  
In City Newton 601 Hart Dr.

2 WATER WELL OWNER: Milferd Reimer  
 RR#, St. Address, Box #: 601 Hart Dr. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Newcom KS. 67114 Application Number:

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



4 DEPTH OF COMPLETED WELL: 64 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 18 ft. 2. 35 ft. 3. 55 ft.  
 WELL'S STATIC WATER LEVEL 18 ft. below land surface measured on mo/day/yr 3-21-85  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 25 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter \_\_\_\_\_ in. to \_\_\_\_\_ 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 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped \_\_\_\_\_  
 2 PVC 4 ABS 7 Fiberglass Welded \_\_\_\_\_  
 6 Asbestos-Cement 9 Other (specify below) Threaded \_\_\_\_\_

Blank casing diameter 5 in. to 25 ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 12 in., weight Class 100 lbs./ft. Wall thickness or gauge No. 219

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 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-PERFORATED INTERVALS: From 25 ft. to 40 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From 50 ft. to 60 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From 10 ft. to 64 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 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)  
 13 Insecticide storage  
 Direction from well? S How many feet? 20

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|----|----------------|------|----|----------------|
| 0    | 10 | Clay           |      |    |                |
| 10   | 40 | medium Sand    |      |    |                |
| 40   | 55 | Shale          |      |    |                |
| 55   | 56 | Water          |      |    |                |
| 56   | 64 | Shale          |      |    |                |

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) 3-21-85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 180 This Water Well Record was completed on (mo/day/yr) 3-21-85 under the business name of Backhus Drilling by (signature) Paul H. Backhus

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.