

LOCATION OF WATER WELL County: HARVEY	Fraction SW 1/4 NE 1/4 NW 1/4	Section Number 17	Township Number T 23 S	Range Number R 1 EW
---	---	-----------------------------	----------------------------------	-------------------------------

Distance and direction from nearest town or city? _____ Street address of well if located within city?
1407 Hillcrest - Newton, Ks.

WATER WELL OWNER: **ERNE DARRIN**
RR#, St. Address, Box #: **1407 Hillcrest**
City, State, ZIP Code: **NEWTON, Ks.**
Board of Agriculture, Division of Water Resources
Application Number: _____

DEPTH OF COMPLETED WELL: **104** ft. Bore Hole Diameter: **8** in. to **104** 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)
10 Observation well
Well's static water level: **20** ft. below land surface measured on **July** month **5** day **1981** year
Pump Test Data: Well water was **100** ft. after _____ hours pumping _____ gpm
Est. Yield **8** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile Casing Joints: Glued _____ Clamped _____
2 PVC 4 ABS 7 Fiberglass **SPR 26** Welded **X**
Threaded _____
Blank casing dia: **5"** in. to **104** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
Casing height above land surface: **18** in., weight **240** lbs./ft. Wall thickness or gauge No. **3/16**
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) **SPR 26**
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 10 Other (specify) _____
7 Torch cut
Screen-Perforation Dia: _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
Screen-Perforated Intervals: From **19** ft. to **59** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
From **79** ft. to **99** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
Gravel Pack Intervals: From **10** ft. to **104** ft. From _____ ft. to _____ ft. 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 **Top** ft. to **10** 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) _____
13 Watertight sewer lines
Direction from well: **Northeast** How many feet: **40** ? 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 _____

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **1** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **July** month **19** day **1981** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **721**
This Water Well Record was completed on **MARCH** month **3** day **1982** year under the business name of **Frank Budd** by (signature) **Frank Budd**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	4	Top Soil			
	4	25	Blue shale			
	25	35	Sandy Gray Clay			
	35	40	Blue shale			
	40	42	Limestone			
	42	89	Blue shale			
	89	99	Sandy Blue Clay			
	99	104	Blue shale			

ELEVATION: _____
Depth(s) Groundwater Encountered 1. **25** ft. 2. **40** ft. 3. **89** 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
23
R
1
EW
SEC
SW 1/4 NE 1/4 NW 1/4