

(COPY) HP

1 LOCATION OF WATER WELL
 County: **Harvey** Fraction: **SE 1/4 NE 1/4** Section Number: **17** Township Number: **Newton** Range Number: **R 23 1 E W**
 Newton City, Healers Addition Lots 7, 9 & 11, Block 1 S

Distance and direction from nearest town or city? **In Newton City** Street address of well if located within city? **1105 E. 9th St.**

2 WATER WELL OWNER: **Ray Garloff**
 RR#, St. Address, Box #: **1105 E. 9th St.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Newton, Kansas 67114** Application Number:

3 DEPTH OF COMPLETED WELL: **49 1/2** ft. Bore Hole Diameter: **6 1/2** in. to **bottom of well** in. to . ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: **10' 3"** ft. below land surface measured on **June** month **13th** day **1981** year
 Pump Test Data: Well water was **12** ft. after **two** hours pumping **3** gpm
 Est. Yield **5** gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing dia: **4** in. to **13 1/2** ft. Dia: **4** in. to **Perforated to bottom** in. to . ft.
 Casing height above land surface: **12** 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 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-Perforation Dia: in. to ft., Dia in. to ft., Dia in. to ft.
 Screen-Perforated Intervals: From **13 1/2** ft. to **bottom of well** ft., From ft. to ft.
 Gravel Pack Intervals: From **10** ft. to **bottom** ft., From ft. to ft.

5 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: **West** How many feet: **30** ? 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: **Pumpco** Model No. **4102S58** HP **1/2** Volts **220**
 Depth of Pump Intake: **37** ft. Pumps Capacity rated at: **12** 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 **June** month **13th** day **1981** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **390**
 This Water Well Record was completed on **July** month **4th** day **1981** year under the business
 name of **Home Water Well Drilling** by (signature) *R.B. Evans*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	1	Black			
	1	10	Yellow clay			
	10	20	Beige clay			
	20	40	Light grey clay			
	40	49 1/2	hard light clay			

For air conditioning and heating water on x

ELEVATION: Depth(s) Groundwater Encountered 1. **10** ft. 2. **35** 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.
SE 1/4 NE 1/4 NE 1/4