

LOCATION OF WATER WELL: County: HARVEY Fraction: SW 1/4 SE 1/4 NW 1/4 Section Number: 18 Township Number: T 23 S Range Number: R 1 EW

Distance and direction from nearest town or city? SAME Street address of well if located within city? 1308 W BROADWAY - NEWTON

WATER WELL OWNER: DEAN ROACH
 RR#, St. Address, Box #: 1308 W BROADWAY
 City, State, ZIP Code: NEWTON, KANSAS - 67114

Board of Agriculture, Division of Water Resources
 Application Number: _____

DEPTH OF COMPLETED WELL: 55 ft. Bore Hole Diameter: 11 in. to _____ ft., and _____ 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: 27 ft. below land surface measured on _____ month _____ day _____ year

Pump Test Data: Well water was 50 ft. after _____ hours pumping _____ gpm
 Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

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: 5 in. to 35 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 24 in., weight 2.37 lbs./ft. Wall thickness or gauge No. 0.214

TYPE OF SCREEN OR PERFORATION MATERIAL:
 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 1030 8 Saw cut shop 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: 5 in. to 55 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals:
 From 35 ft. to 55 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals:
 From 10 ft. to 55 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grouted 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 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: EAST How many feet: 65' ? 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 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 _____ month _____ day _____ year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____

This Water Well Record was completed on _____ month _____ day _____ year under the business name of PAUL'S INC by (signature) Paul Beukht

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<u>0</u>	<u>5</u>	<u>LOAM TO CLAY</u>			
	<u>5</u>	<u>10</u>	<u>Dk BR CLAY</u>			
	<u>10</u>	<u>15</u>	<u>Dk BR TO RD BR CLAY</u>			
	<u>15</u>	<u>31</u>	<u>LIGHT BR CLAY</u>			
	<u>31</u>	<u>40</u>	<u>SANDY RED CLAY</u>			
	<u>40</u>	<u>46</u>	<u>LIGHT GRY CLAY SAND STRIPS</u>			
	<u>46</u>	<u>50</u>	<u>FINE-MED SAND</u>			
	<u>50</u>	<u>55</u>	<u>GREY TO DARK SHALE</u>			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ 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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EW
SEC.
SW 1/4 SE 1/4 NW 1/4