

1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number	Range Number	
County: <b>HARVEY</b>		<b>SE</b> 1/4 <b>SW</b> 1/4 <b>NE</b> 1/4	<b>18</b>		<b>T 23 S</b>	<b>R 1 E</b>	
Distance and direction from nearest town or city? <b>SAME</b>			Street address of well if located within city? <b>821 GRANDVIEW NEWTON</b>				
2 WATER WELL OWNER: <b>GEORGE Lock</b>							
RR#, St. Address, Box #: <b>821 GRANDVIEW</b>							
City, State, ZIP Code: <b>NEWTON, KS 67114</b>							
Board of Agriculture, Division of Water Resources Application Number:							
3 DEPTH OF COMPLETED WELL: <b>45</b> ft. Bore Hole Diameter: <b>11</b> in. to <b>45</b> 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: <b>15</b> ft. below land surface measured on <b>4</b> month <b>3</b> day <b>81</b> year							
Pump Test Data: Well water was <b>40</b> ft. after <b>1</b> hours pumping <b>9</b> gpm							
Est. Yield <b>8/11</b> 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 <b>X</b> Clamped ..... 2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded ..... 7 Fiberglass Threaded ..... Blank casing dia <b>5</b> in. to <b>32</b> ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft. Casing height above land surface: <b>18</b> in. weight <b>2.37</b> lbs./ft. Wall thickness or gauge No. <b>214</b>							
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 <b>1020</b> 8 Saw cut <b>factory</b> 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 <b>5</b> in. to <b>42</b> ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft. Screen-Perforated Intervals: From <b>32</b> ft. to <b>42</b> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft. Gravel Pack Intervals: From <b>10</b> ft. to <b>45</b> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.							
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other							
Grouted Intervals: From <b>0</b> ft. to <b>10</b> 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 <b>Sewer lines</b> 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 <b>N</b> How many feet <b>25</b> ? Water Well Disinfected <b>Yes</b> 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							
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 <b>4</b> month <b>3</b> day <b>81</b> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>175</b>							
This Water Well Record was completed on <b>4</b> month <b>30</b> day <b>81</b> year under the business name of <b>PAUL'S INC</b> by (signature) <b>Paul Burchett</b>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	5	LOAM to Br. clay			
		5	10	Br. clay			
		10	16	Red Br. clay			
		16	25	TAN/lt Br. clay			
		25	30	DRK Br. clay			
		30	35	" " " SANDY			
		35	40	SAND FINE to MED			
		40	45	DRK Br. clay to GREY			
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.							