

1 LOCATION OF WATER WELL
 County: HARVEY Fraction NW 1/4 SE 1/4 NE 1/4 Section Number 18 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? 919 SANTA FE NEWTON

2 WATER WELL OWNER: OLIN EBY
 RR#, St. Address, Box #: 919 SANTA FE Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: NEWTON KANSAS 67114 Application Number:

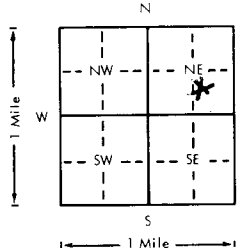
3 DEPTH OF COMPLETED WELL: 92 ft. Bore Hole Diameter: 11 in. to 52 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
7 Lawn and garden only 10 Observation well
 Well's static water level: 20 1/2 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: Well water was 85 ft. after 1 1/2 hours pumping _____ gpm
 Est. Yield 6 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 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight 2.36 lbs./ft. Wall thickness or gauge No. .214
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) .030 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 8 Saw cut Factory 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 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 60 ft. to 70 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From 80 ft. to 90 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 92 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ 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 10 ft. to 0 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 X No
 If Yes: Pump Manufacturer's name Dempster Model No. LBC3-33-57P 113 Volts 230
 Depth of Pump Intake 85' ft. Pumps Capacity rated at 6/8 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 _____ month _____ day _____ year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 175
 This Water Well Record was completed on _____ month _____ day _____ year under the business name of PAUL'S INC by (signature) Paul Bramlett

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	LOAM			
5	10	Red BROWN CLAY			
10	15	BROWN to blue clay			
15	20	Blue blz clay to green shale			
20	25	gn. to rd. Newham shale			
25	30	rd. Near to dark gn.			
30	50	Wellington dark gn. shale			
50	57	Calcium deposit			
57	92	Wellington shale (Alter. soft & hard layers)			

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
T 23
R 1
SEC 18
NW 1/4 SE 1/4 NE 1/4