

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number					
County: <u>HARVEY</u>		<u>NE 1/4 SE 1/4 NE 1/4</u>		<u>21</u>		<u>T 23 S</u>		<u>R 1 E</u>					
Distance and direction from nearest town or city?				Street address of well if located within city?									
				<u>601 S Spencer</u>									
2 WATER WELL OWNER: <u>Ken Scott</u>													
RR#, St. Address, Box #: <u>601 South Spencer</u>													
City, State, ZIP Code: <u>Newton KS 67114</u>													
Board of Agriculture, Division of Water Resources													
Application Number: <u>68</u>													
3 DEPTH OF COMPLETED WELL: <u>68</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>20</u> ft., and <u>6 3/4</u> in. to <u>68</u> 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: <u>35</u> ft. below land surface measured on month <u>22</u> day <u>81</u> year													
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm													
Est. Yield: <u>7</u> 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 <u>X</u> 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded 7 Fiberglass    Threaded													
Blank casing dia: <u>5</u> in. to <u>1 1/8</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Casing height above land surface: _____ in., weight <u>200 PSI</u> lbs./ft. Wall thickness or gauge No. <u>250</u>													
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 <u>X</u> 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: <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Screen-Perforated Intervals: From <u>48</u> ft. to <u>68</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.													
Gravel Pack Intervals: From <u>30</u> ft. to <u>68</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.													
5 GROUT MATERIAL:													
1 Neat cement <u>X</u> 2 Cement grout    3 Bentonite    4 Other Grouted Intervals: From <u>0</u> ft. to <u>15</u> 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 <u>X</u> 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: <u>SE</u> How many feet <u>200</u> ? Water Well Disinfected? Yes <u>X</u> No <u>X</u>													
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>X</u>													
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 _____ month <u>22</u> day <u>81</u> year													
and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. <u>407</u>													
This Water Well Record was completed on _____ month <u>29</u> day <u>81</u> year under the business name of <u>Hydro Drilling</u> by (signature) <u>James C. Futsy</u>													
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0		27		SAND							
		27		68		Blue Shale							
ELEVATION:													
Depth(s) Groundwater Encountered 1. <u>35</u> ft. 2. <u>52</u> ft. 3. <u>60</u> ft. 4. _____ ft. (Use a second sheet if needed)													

OFFICE USE ONLY

T

R

DEM

SEC.

21

NE 1/4 SE 1/4 NE 1/4

NE 1/4