

|  |  |   |                   |                        |                       |
|--|--|---|-------------------|------------------------|-----------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: HARVEY   |  | Fraction SE ¼ NW ¼ NE ¼   | Section Number 22 | Township Number T 23 S | Range Number R 1 E EW |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>1 mile east of I-35, ½ So. of 1st Street, Newton, KS.</b>  |  |   |                   |                        |                       |
| <b>2 WATER WELL OWNER:</b><br>RR#, St. Address, Box # :<br>City, State, ZIP Code :   |  | Prairie View Mental Health Center<br>1901 E. First<br>Newton, Kansas  |                   |                        |                       |
|  |  | Board of Agriculture, Division of Water Resources<br>Application Number: None available   |                   |                        |                       |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>  |  | <b>4 DEPTH OF COMPLETED WELL:</b> 35 ft. <b>ELEVATION:</b> 10-17-86   |                   |                        |                       |
| <p>Diagram shows a section box divided into four quadrants: NW, NE, SW, and SE. An 'X' is marked in the NE quadrant. The diagram is labeled with N, S, E, W directions and a scale bar indicating 1 Mile.</p>  |  | Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.<br>WELL'S STATIC WATER LEVEL . . . . . 10 ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm<br>Est. Yield . . . . . gpm; Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm<br>Bore Hole Diameter . . . . . 11 in. to . . . . . ft., and . . . . . in. to . . . . . ft.<br>WELL WATER TO BE USED AS:<br>5 Public water supply      8 Air conditioning      11 Injection well<br>1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)<br>2 Irrigation      4 Industrial      7 Lawn and garden only      10 Observation well<br>Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No XX If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes XX No |                   |                        |                       |
|  |  | <b>5 TYPE OF BLANK CASING USED:</b><br>1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued XX Clamped . . . . .<br>2 PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded . . . . .<br>Blank casing diameter . . . . . 5 in. to . . . . . 10 ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.<br>Casing height above land surface . . . . . 12 in., weight . . . . . 1.59 lbs./ft. Wall thickness or gauge No. . . . . 203  |                   |                        |                       |
|  |  | <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel      3 Stainless steel      5 Fiberglass      7 PVC      10 Asbestos-cement<br>2 Brass      4 Galvanized steel      6 Concrete tile      8 B.M.P. (SR)      11 Other (specify) . . . . .<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot      3 Mill slot      5 Gauzed wrapped      8 Saw cut      11 None (open hole)<br>2 Louvered shutter      4 Key punched      10 Wire wrapped      9 Drilled holes<br>SCREEN-PERFORATED INTERVALS: From . . . . . 10 ft. to . . . . . 35 ft., From . . . . . ft. to . . . . . ft.<br>GRAVEL PACK INTERVALS: From . . . . . 10 ft. to . . . . . 35 ft., From . . . . . ft. to . . . . . ft.  |                   |                        |                       |
|  |  | <b>6 GROUT MATERIAL:</b> 1 Neat cement      2 Cement grout      3 Bentonite      4 Other . . . . .<br>Grout intervals: From . . . . . 7 ft. to . . . . . 10 ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank      4 Lateral lines      7 Pit privy      10 Livestock pens      14 Abandoned water well<br>2 Sewer lines      5 Cess pool      8 Sewage lagoon      11 Fuel storage      15 Oil well/Gas well<br>3 Watertight sewer lines      6 Seepage pit      9 Feedyard      12 Fertilizer storage      16 Other (specify below)<br>Direction from well? How many feet? 13 Insecticide storage      None apparent  |                   |                        |                       |
|  |  | FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG<br>0 3 Topsoil<br>3 15 Clay<br>15 29 Fine Sand<br>29 35 Grey Shale  |                   |                        |                       |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . . . 10-17-86 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 236 This Water Well Record was completed on (mo/day/yr) . . . . . 8-28-87 under the business name of Harp Well & Pump Service, Inc. by (signature) Mary Arnold |  |   |                   |                        |                       |
| 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, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.   |  |   |                   |                        |                       |