

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Harvey		NE ¼ NE ¼ SW ¼		17		T 23 S		R 1	
Distance and direction from nearest town or city street address of well if located within city? 129 W. Broadway, Newton, Kansas									
2 WATER WELL OWNER: Wayne Kimball									
RR#, St. Address, Box # : 1416 Old Main Street									
City, State, ZIP Code : Newton, Kansas 67114									
Board of Agriculture, Division of Water Resources Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 15.0 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 7.5 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 8.02 ft. below land surface measured on mo/day/yr 08/13/08							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter 7.5 in. to 15.0 ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes _____ No X									
5 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 X									
Blank casing diameter 2.375 in. to 5.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
3 Mill slot 9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 3 Key punched 7 Wire wrapped 9 Drilled holes									
10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From 15.0 ft. to 5.0 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 15.0 ft. to 4.0 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals From 0.0 ft. to 1.0 ft. From 1.0 ft. to 5.0 ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____									
13 Insecticide storage									
Direction from well? Southwest How many feet? 120									
LITHOLOGIC LOG									
FROM	TO	CODE							
0.0	1.0		Concrete						
1.0	6.0		Brown silty clay, mottled dark brown, sandstone fragments, firm, moist						
6.0	7.5		Brown silty clay, sandy, mottled dark brown, sandstone fragments, firm, moist						
7.5	10.5		Brown silty clay, very sandy, gravelly, mottled dark brown, sandstone fragments, wet						
10.5	13.0		Brown weathered shale, hard, dry						
13.0	15.0		Brown shale, hard-very hard, dry						
Flush-mount well completion waiver existent for site.									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 08/13/08 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 08/21/08									
under the business name of Quad State Services, Inc. by (signature)									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

T

R

SEC