

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			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Newton, Kansas 67114			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	
2 PVC		4 ABS		8 Concrete tile	
Blank casing diameter 2.375 in. to 5.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		6 Asbestos-Cement		9 Other (specify below) _____	
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40		7 Fiberglass		Casing Joints: Glued _____ Clamped _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		11 Other (specify) _____	
2 Brass		4 Galvanized steel		12 None used (open hole)	
3 Mill slot		5 Fiberglass		8 RMP (SR)	
2 Louvered shutter		6 Concrete tile		9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		4 Key punched		11 None (open hole)	
1 Continuous slot		5 Gauzed wrapped		8 Saw cut	
2 Wire wrapped		6 Wire wrapped		9 Drilled holes	
3 Torch cut		7 Torch cut		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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) _____	
Direction from well? West How many feet? 190					
FROM	TO	CODE	LITHOLOGIC LOG		
0.0	1.0		Concrete		
1.0	4.5		Fill material, clay, brick, aggregate		
4.5	7.0		Brown silty clay, mottled dark brown, sandstone fragments, firm, moist		
7.0	10.0		Brown clay-weathered shale, silty, sandy, mottled dark brown, trace sandstone fragments, firm, moist		
10.0	13.0		Olive weathered shale, mottled brown, gravelly @11.5', hard, slightly moist		
13.0	14.5		Blue weathered shale, mottled brown, very firm, slightly moist; slight-moderate odor		
14.5	15.0		Yellow-brown shale, 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 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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