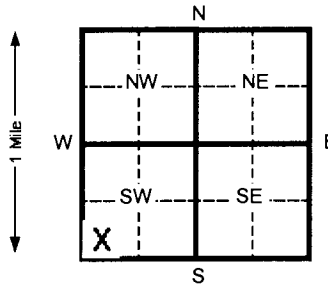


1 LOCATION OF WATER WELL: County: **Harvey** Fraction: **SW 1/4 SW 1/4 SW 1/4** Section Number: **18** Township Number: **T 23 S** Range Number: **R 1 E**

Distance and direction from nearest town or city street address of well if located within city?
100 North Meridian, Newton, KS

2 WATER WELL OWNER: **Gary Davison**
 RR#, St. Address, Box #: **100 North Meridian** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Newton, KS 67114** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: **24.81** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ Ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr
 Pump test data: Well water was _____ Ft. after _____ hours pumping _____ Gpm
 Est. Yield _____ Gpm: Well water was _____ Ft. after _____ Hours pumping _____ Gpm
 Bore Hole Diameter **8.625** In. to **24.81** 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** **MW-18**
 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 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) 10 Asbestos-cement
 CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded **X**
 Blank casing diameter **2** in. to **14.81** Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **FLUSH** in., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 **Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **14.81** ft. to **24.81** ft. From _____ ft. to _____ ft. From _____ ft. to _____ Ft.
 SAND PACK INTERVALS: From **12.81** ft. to **24.81** ft. From _____ ft. to _____ Ft. From _____ ft. to _____ Ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 **Bentonite** 4 Other _____
 Grout Intervals From 2 **0.5** Ft. to **1.5** Ft. From 3 **1.5** Ft. to **12.81** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 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)**
Contaminated Site
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10		Clay, silty			
10	24.81		Clay, fat, moderate brown			
24.81	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w Completed on (mo/day/yr) **03/06/12** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **03/23/12** under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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