

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: HARVEY		SW 1/4 SW 1/4 SE 1/4	4	T 23 S	R 2 EW		
Distance and direction from nearest town or city? 6 mi East and 1 mi N. of Newton, KS.			Street address of well if located within city?				
2 WATER WELL OWNER: Carl Budde RR#, St. Address, Box #: RR#4 City, State, ZIP Code: NEWTON, KS. 67114 Board of Agriculture, Division of Water Resources Application Number: _____							
3 DEPTH OF COMPLETED WELL: 65 ft. Bore Hole Diameter: 9 in. to _____ ft., and _____ in. to _____ ft.							
Well Water to be used as: 1 Domestic 3 Feedlot 2 Irrigation 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)							
Well's static water level: 15 ft. below land surface measured on Nov month 20 day 1980 year							
Pump Test Data: Well water was 65 ft. after 1/3 hours pumping. 20 gpm							
Est. Yield: 1 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED: DRY HOLE 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Casing Joints: Glued _____ Clamped _____ Welded _____ Threaded _____ Blank casing dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ 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-Perforation Dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grouted Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____ Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____ 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 Nov month 21 day 1980 year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 221 This Water Well Record was completed on JAN month 9 day 1980 year under the business name of _____ by (signature) Frank Budde							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	1	Top Soil			
		1	30	BLUE SHALE			
		30	32	Rocky BLUE SHALE			
		32	65	BLUE SHALE			
ELEVATION:							
Depth(s) Groundwater Encountered 1. 30 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)							

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.