

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: HARVEY		NE 1/4 SW 1/4 SE 1/4	16	T 23 S	R 2 E/W		
Distance and direction from nearest town or city? 6 1/2 mi East of Newton, Ks.			Street address of well if located within city?				
2 WATER WELL OWNER: Albert Budde							
RR#, St. Address, Box # : RR # 3							
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	5 Public water supply	8 Air conditioning	11 Injection well		
2 Irrigation		4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)		
		7 Lawn and garden only	10 Observation well	Livestock - Pasture			
Well's static water level: 12 ft. below land surface measured on DEC month 12 day 80 year							
Pump Test Data: Well water was 0 ft. after 10 min. hours pumping 20 gpm							
Est. Yield: 1/2 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED: dry hole							
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 _____		
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: dry hole							
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____		
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)		
Screen or Perforation Openings Are:							
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)		
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes			
			7 Torch cut	10 Other (specify) _____			
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: X							
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		4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well		
2 Sewer lines		5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well		
3 Lateral lines		6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)		
				13 Watertight sewer lines			
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							
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 DEC month 13 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) Albert Budde							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	Top Soil			
		2	65	Blue shale			
ELEVATION: _____							
Depth(s) Groundwater Encountered 1. 25 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.							

OFFICE USE ONLY

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23

R

2

E/W

SEC.

16

1/4

SW 1/4

SE 1/4

1/4