

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Harvey</u>		<u>NW 1/4 NW 1/4</u>	<u>18</u>	T <u>23</u> S <u>1</u>	R <u>2</u> EW <u>1</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Norton on E 1st 4 m and 3/4 N</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code : <u>67114</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>51</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>22</u> ft. below land surface measured on mo/day/yr <u>July 20 1986</u>			
		Pump test data: Well water was <u>30</u> ft. after <u>1</u> hours pumping <u>15</u> gpm			
		Est. Yield <u>13</u> gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter <u>8</u> in. to <u>6 1/2</u> in. to ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>X</u>; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <u>X</u> No			
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 <u>X</u>
			7 Fiberglass	<u>SDR 26</u>	Threaded
Blank casing diameter <u>5</u> in. to <u>5 1/2</u> in. to ft., Dia		Casing height above land surface <u>18</u> in., weight lbs./ft. Wall thickness or gauge No.			
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) <u>SDR 26</u>
				9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 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-PERFORATED INTERVALS: From <u>25</u> ft. to <u>45</u> ft. From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>51</u> ft. From ft. to ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other	
Grout Intervals: From <u>3</u> ft. to <u>18</u> 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	<input checked="" type="checkbox"/> 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? <u>S</u>		How many feet? <u>125</u>			
FROM	TO	LITHOLOGIC LOG		FROM	TO
<u>top</u>	<u>3</u>	<u>Top soil</u>			
<u>3</u>	<u>8</u>	<u>White clay</u>			
<u>8</u>	<u>15</u>	<u>Brown clay</u>			
<u>15</u>	<u>25</u>	<u>Blue Sand clay</u>			
<u>25</u>	<u>33</u>	<u>7 1/2 in Sand</u>			
<u>33</u>	<u>38</u>	<u>Blue shale</u>			
<u>38</u>	<u>43</u>	<u>Rocking Brown shale</u>			
<u>43</u>	<u>51</u>	<u>Blue shale</u>			
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/year) <u>July 24 1986</u> and this record is true to the best of my knowledge and belief, Kansas					
Water Well Contractor's License No. <u>221</u> This Water Well Record was completed on (mo/day/yr) <u>Dec 3 1986</u>					
under the business name of <u>Terrance Budde</u> by (signature) <u>Terrance Budde</u>					
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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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