

| | | | | | |
|--|-----------|--|---|--|----------------------|
| 1] LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: <u>Harvey</u> | | <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ | <u>17</u> | T <u>24</u> S | R <u>1</u> <u>EW</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>NWC 81 & 196, Newton</u> | | | | | |
| 2] WATER WELL OWNER: <u>Paul Howard</u> | | | Board of Agriculture, Division of Water Resources | | |
| RR#, St. Address, Box #: <u>242 New York</u> | | | Application Number: | | |
| City, State, ZIP Code: <u>Wichita, KS 67214</u> | | | | | |
| 3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4] DEPTH OF COMPLETED WELL: <u>19</u> ft. ELEVATION: <u>1430.95</u> | | | |
| | | Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. _____ ft. 3. _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL <u>15.03</u> ft. below land surface measured on mo/day/yr <u>10-16-95</u> | | | |
| | | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Est. Yield _____ gpm: Well water was <u>N/A</u> ft. after _____ hours pumping _____ gpm | | | |
| | | Bore Hole Diameter <u>8</u> in. to <u>19</u> ft., and _____ in. to _____ ft. | | | |
| | | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well <u>MW-6</u> | | | |
| | | 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 _____ No <u>X</u> | | | |
| 5] TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel | | 3 RMP (SR) | | CASING JOINTS: Glued _____ Clamped _____ | |
| <u>PVC</u> | | 4 ABS | | Welded _____ | |
| Blank casing diameter <u>2</u> in. to <u>9</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | 6 Asbestos-Cement | | Threaded <u>X</u> | |
| Casing height above land surface <u>Flush</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>40</u> | | 7 Fiberglass | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 8 Concrete tile | | | |
| 1 Steel | | 9 Other (specify below) | | | |
| 2 Brass | | | | | |
| 3 Stainless steel | | | | | |
| 4 Galvanized steel | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | 5 Gauzed wrapped | | 8 Saw cut | |
| 1 Continuous slot | | 6 Wire wrapped | | 11 None (open hole) | |
| 2 Louvered shutter | | 7 Torch cut | | 9 Drilled holes | |
| 4 Key punched | | 10 Other (specify) | | | |
| SCREEN-PERFORATED INTERVALS: From <u>9</u> ft. to <u>19</u> ft., From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From <u>7</u> ft. to <u>19</u> ft., From _____ ft. to _____ ft. | | | | | |
| 6] GROUT MATERIAL: | | | | | |
| 1 Neat cement | | 3 Cement grout | | 4 Other | |
| Grout Intervals: From <u>0</u> ft. to <u>1.50</u> ft., From <u>1.50</u> ft. to <u>7</u> ft., From _____ ft. to _____ ft. | | 5 Bentonite | | | |
| What is the nearest source of possible contamination: | | 10 Livestock pens | | 14 Abandoned water well | |
| 1 Septic tank | | 11 Fuel storage | | 15 Oil well/Gas well | |
| 2 Sewer lines | | 12 Fertilizer storage | | 16 Other (specify below) | |
| 3 Watertight sewer lines | | 13 Insecticide storage | | | |
| 4 Lateral lines | | How many feet? <u>95</u> | | | |
| 5 Cess pool | | | | | |
| 6 Seepage pit | | | | | |
| Direction from well? <u>SE</u> | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| <u>0</u> | <u>2</u> | <u>Silty Clay</u> | | | |
| <u>2</u> | <u>19</u> | <u>Silt</u> | | | |
| 7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2-8-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>571</u> This Water Well Record was completed on (mo/day/yr) <u>2-13-96</u> under the business name of <u>B DAT</u> by (signature) <u>[Signature]</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. | | | | | |