

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Haryny</u>		<u>NW 1/4</u>	<u>1</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>from Newton on ST = 1 = ST = 3 = E = 3 1/2 = S</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code :					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>52</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered <u>15</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>Oct 2 1984</u>			
		Pump test data: Well water was <u>20</u> ft. after <u>1</u> hours pumping <u>15</u> gpm			
		Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to _____ ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> Irrigation 4 Industrial 7 Lawn and garden only 10 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:		CASING JOINTS: Glued <u>X</u> Clamped _____			
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile Welded _____			
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below) <u>S.D.R. 26</u> Threaded _____			
Blank casing diameter <u>5</u> in. to <u>52</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in. weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>3/16</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) <u>S.D.R. 26</u>					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input checked="" type="checkbox"/> Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>22</u> ft. to <u>49</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>13</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>Top</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens <input checked="" type="checkbox"/> Abandoned water well			
1 Septic tank 4 Lateral lines <input checked="" type="checkbox"/> Pit privy <input checked="" type="checkbox"/> Fuel storage 15 Oil well/Gas well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage					
Direction from well?		How many feet? <u>300 N E pond</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	Topsoil			
4	15	Blue clay			
15	30	fine Blue sand			
30	40	Blue shale			
40	45	Cracking Blue shale			
45	52	Blue shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Oct 2 1984</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>Jan 9 1985</u> under the business name of <u>Frank Buddie</u> by (signature) <u>Frank Buddie</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.					