

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Harvey</u>		<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>2</u>	T <u>24</u> S	R <u>1</u> E
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 SO & 1 1/2 EAST of Newton</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>43</u> ft. ELEVATION: <u>28</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. <u>28</u> ft. 3. <u>28</u> ft.			
		WELL'S STATIC WATER LEVEL <u>14</u> ft. below land surface measured on <u>5-20-83</u>			
		Pump test data: Well water was <u>43</u> ft. after <u>2</u> hours pumping <u>6</u> gpm			
		Est. Yield <u>6</u> gpm: Well water was <u>43</u> ft. after <u>2</u> hours pumping <u>6</u> gpm			
		Bore Hole Diameter <u>11</u> in. to <u>43</u> ft., and <u>43</u> in. to <u>43</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No <u>X</u> Available <u>X</u>			
		Water Well Disinfected Yes <u>X</u> No <u>X</u>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped <u>X</u>			
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 10 Asbestos-cement			
Blank casing diameter <u>5</u> in. to <u>43</u> ft., Dia. <u>43</u> in. to <u>43</u> ft., Dia. <u>43</u> in. to <u>43</u> ft.					
Casing height above land surface <u>18</u> in., weight <u>2.37</u> lbs./ft. Wall thickness or gauge No. <u>1.214</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		<input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)			
SCREEN-PERFORATED INTERVALS:		From <u>20</u> ft. to <u>30</u> ft., From <u>30</u> ft. to <u>43</u> ft. From <u>20</u> ft. to <u>30</u> ft., From <u>30</u> ft. to <u>43</u> ft.			
GRAVEL PACK INTERVALS:		From <u>10</u> ft. to <u>43</u> ft., From <u>43</u> ft. to <u>43</u> ft. From <u>10</u> ft. to <u>43</u> ft., From <u>43</u> ft. to <u>43</u> ft.			
6 GROUT MATERIAL:		<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other			
Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From <u>10</u> ft. to <u>43</u> ft.					
What is the nearest source of possible contamination:		<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input checked="" type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard			
Direction from well? <u>75'</u>		How many feet? <u>South West</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	hoam to dune sand			
5	10	fine sand			
10	15	sand med			
15	20	" fine			
20	30	red brown "soft" shale			
30	35	green shale			
35	43	" " to dark (wellington)			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-17-83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>175</u> This Water Well Record was completed on (mo/day/yr) <u>6-22-83</u> under the business name of <u>Paul's Inc</u> by (signature) <u>Paul Brunkhart</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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EW

SEC

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SW 1/4 NW 1/4 SE 1/4