

1 LOCATION OF WATER WELL: County: <u>Harvey</u>		Fraction <u>NE ¼ NE ¼ SW ¼</u>	Section Number <u>16</u>	Township Number <u>T 22 S</u>	Range Number <u>R 7 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Hickory + College St. Hesston, KS 67062</u>					
2 WATER WELL OWNER: <u>Shears Construction L.P.</u>					
RR#, St. Address, Box # : <u>P.O. Box 1605</u>					
City, State, ZIP Code : <u>Hutchinson, KS 67504-1605</u>					
Board of Agriculture, Division of Water Resources Application Number: <u>970107</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>15</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>6</u> ft. below land surface measured on mo/day/yr <u>2-28-97</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>15</u> in. to _____ in. to _____ in.			
		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 <u>9 Dewatering</u> 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring 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	
<u>2 PVC</u>		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>4</u> in. to <u>5</u> in.				8 Concrete tile	
Casing height above land surface <u>12</u> in., weight <u>160</u> lbs./ft.				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued <u>X</u> Clamped _____	
1 Steel		3 Stainless steel		Welded _____	
2 Brass		4 Galvanized steel		Threaded _____	
SCREEN OR PERFORATION OPENINGS ARE:				10 Asbestos-cement	
1 Continuous slot		3 Mill slot		11 Other (specify) _____	
2 Louvered shutter		4 Key punched		12 None used (open hole)	
				5 Gauzed wrapped	
				6 Wire wrapped	
				7 Torch cut	
SCREEN-PERFORATED INTERVALS:		From <u>5</u> ft. to <u>15</u> ft.		8 Saw cut	
		From _____ ft. to _____ ft.		9 Drilled holes	
GRAVEL PACK INTERVALS:		From <u>15</u> ft. to <u>8</u> ft.		10 Other (specify) _____	
		From _____ ft. to _____ ft.		11 None (open hole)	
		From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft.			
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
<u>4 Other</u> <u>Hole plug</u>					
Grout Intervals: From <u>8</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
<u>2 Sewer lines</u>		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>East</u>				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
				How many feet? <u>15</u>	
FROM TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS	
0 3		Top Soil			
3 9		Brown, gray + white Clay			
9 12		Fine Sand			
12 15		Shale + Red Bed			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2-28-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> . This Water Well Record was completed on (mo/day/yr) <u>3-22-97</u> under the business name of <u>Rosencrantz-Bemis Ent. Inc.</u> by (signature) <u>Alicia K. Coffey</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.