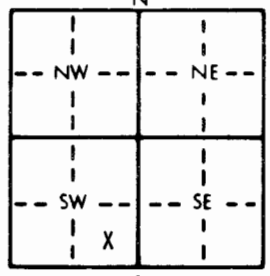


1 LOCATION OF WATER WELL: County: **Harvey** Fraction: **SE 1/4 SW 1/4** Section Number: **9** Township Number: **T 22 S** Range Number: **R 1 XE/W**

Distance and direction from nearest town or city street address of well if located within city?
420 West Lincoln Boulevard, Hesston, Kansas

2 WATER WELL OWNER: **Hay and Forage Industries**
 RR#, St. Address, Box #: **420 West Lincoln Boulevard** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Hesston, Kansas 67062** Application Number: **40/4004.01**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: **N**
W **E**
S



4 DEPTH OF COMPLETED WELL: **17** ft. ELEVATION: **N/A**
 Depth(s) Groundwater Encountered: 1. **10** ft. 2. **10** ft. 3. **10** ft.
 WELL'S STATIC WATER LEVEL: **6.95** ft. below land surface measured on **08/09/90**
 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: **6** in. to **17** 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 **C-3**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ 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 _____
 7 Fiberglass Threaded **X**

Blank casing diameter: **2** in. to **17** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **Flush** in., weight _____ lbs./ft. Wall thickness or gauge No. **Sch 40**

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) _____
 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 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 **7** ft. to **17** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **5.5** ft. to **17** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Voiday Grout**
 Grout Intervals: From **1** ft. to **4** 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 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 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? **W** How many feet? **40**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1'	Asphalt--Fill Rock			5 to 10% Pebbles Moist at 14 to 15'
1'	4'	Clay--DarkBrown Mottled Rd. Brown <20% Very Fine Sand	14	17	Sandy Clay (Weathered Shale) Olive <20% Medium to Coarse Sand 5 to 10% Pebbles SAT
4'	6'	As Above, Mottled Gray			
6'	9'	Clay Light Brown Mottled Gray <20% Very Fine Sand			
9'	12'	Clayey Sand--Rd. Brown Mottled Gray, Medium to Coarse Sand			
12'	14'	Sandy Clay with Weathered Shale Seams Gray Mottled Olive Green			

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) **08/01/90** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **471** This Water Well Record was completed on (mo/day/yr) **08/03/90** under the business name of **HWS** by (signature) _____

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.