

1 LOCATION OF WATER WELL
 County: HARVEY Fraction SW 1/4 SE 1/4 SE 1/4 Section Number 9 Township Number T 22 S Range Number R 1 EW

Distance and direction from nearest town or city? IN TOWN Street address of well if located within city? COUNTRY ACRES - HESSTON, KS

2 WATER WELL OWNER: WHITE STONE MENNONITE CHURCH
 RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: HESSTON, KANSAS 67062 Application Number: NONE

3 DEPTH OF COMPLETED WELL: 40 ft. Bore Hole Diameter X 11 in. to X 40 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level: 14' ft. below land surface measured on JULY month 17 day 79 year
 Pump Test Data: Well water was 40 ft. after 2 hours pumping 10/12 gpm
 Est. Yield 10 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 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 X
 7 Fiberglass Threaded _____
 Blank casing dia: 6 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight 3.58 lbs./ft. Wall thickness or gauge No. 280

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 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-Perforation Dia: 6 in. to X(20 to 30') ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 20 ft. to 30 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.
 Gravel Pack Intervals: From 20 ft. to 40 (1/8 #) ft., From _____ ft. to _____ ft. to 10 ft. to 20 (SAND) ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____
 13 Watertight sewer lines
 Direction from well: WEST How many feet: 63 ? Water Well Disinfected? Yes X No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes X No _____
 If Yes: Pump Manufacturer's name: Dempster Model No. UT2-S1 HP 1/2 Volts 115
 Depth of Pump Intake: 38' ft. Pumps Capacity rated at 15 gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____
 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (7/30/79) July month 7 day 1979 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. #175
 This Water Well Record was completed on 8/ Aug month 7 day 1979 year under the business name of PAUL'S INC by (signature) Paul Beulert

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Loam to clay			
5	16	Light brown clay			
16	17	white layered lime rock			
17	20	SANDY clay			
20	24	fine sand			
24	25	thin lime rock layered			
25	28	med sand			
28	33	Soft white sandy clay			
33	35	green grey shale			
35	40	" to red shale			

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
R
SEC
SW 1/4 SE 1/4 SE 1/4