

1 LOCATION OF WATER WELL  
 County: HARVEY Fraction SW 1/4 NE 1/4 NW 1/4 Section Number 15 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? #30 - SUNSET DR.

2 WATER WELL OWNER: Leo Holmes  
 RR#, St. Address, Box #: Box 864 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Hesston KS 67062 Application Number:

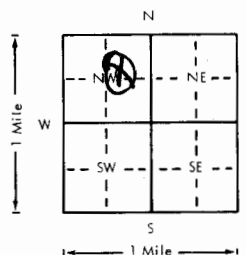
3 DEPTH OF COMPLETED WELL: 48 ft. Bore Hole Diameter: 11 in. to 48 ft., and ..... in. to ..... ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)  
 10 Observation well  
 Well's static water level: 21 ft. below land surface measured on ..... month 15 day 80 year  
 Pump Test Data: Well water was 28 ft. after 1 1/2 hours pumping 18 gpm  
 Est. Yield 20 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 X Clamped .....  
2 PVC 4 ABS 7 Fiberglass ..... Welded .....  
 Blank casing dia: 5" in. to 48 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 18 in., weight 2.37 lbs./ft. Wall thickness or gauge No. .214  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut .020 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: 5 in. to 40 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 10 ft. to 48 ft., From ..... ft. to ..... ft., From ..... ft. to ..... 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., From ..... 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) .....  
 Direction from well: So. How many feet: 30' Water Well Disinfected? Yes No  
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample .....  
 was submitted ..... month ..... day ..... year Pump Installed? Yes No  
 If Yes: Pump Manufacturer's name: Dempster Model No. 1503-50-312 1/2 Volts 230  
 Depth of Pump Intake: 40 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 month 24 day 80 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 month 13 day 80 year under the business name of PAUL'S INC. by (signature) Paul Burlant

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	LOAM			
5	10	BROWN CLAY			
10	15	RED CLAY			
15	20	LG BR CLAY - SILTY			
20	29	" " " FINE SAND			
29	33	COURSE SAND			
33	39	GR-GR SHALE - ONE SAND LAYER			
39	41	RED SHALE			
41	44	DARK GREY 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 NE 1/4 NW 1/4