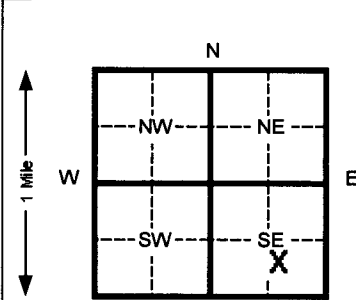


1 LOCATION OF WATER WELL:		Fraction			Section Number		Township Number		Range Number					
County:	<b>Harvey</b>	<b>NE</b>	$\frac{1}{4}$	<b>SE</b>	$\frac{1}{4}$	<b>SE</b>	$\frac{1}{4}$	<b>26</b>	<b>T</b>	<b>22</b>	<b>S</b>	<b>R</b>	<b>1</b>	<b>W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**5012 NW Road, Zimmerdale, Ks**

2	WATER WELL OWNER: <b>KDHE Time and Materials-Neberall Property</b>	
RR#, St. Address, Box #	<b>1000 SW Jackson #410</b>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code	<b>Topeka, Ks 66612-1367</b>	Application Number:

3	LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4	DEPTH OF COMPLETED WELL	20	ft. ELEVATION:
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4 DEPTH OF COMPLETED WELL \_\_\_\_\_ **20** ft. ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1 **NA** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ Ft.

WELL'S STATIC WATER LEVEL **NA** ft. below land surface measured on mo/day/yr **NA**

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 **8.625** In. to **20** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ Ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feed lot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 **Monitoring well** **SV-3**

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, mo/day/yr sample was Submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No **X**

5 TYPE OF BLANK CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued	Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded	
2 PVC	4 ABS	7 Fiberglass		Threaded	X

Blank casing diameter 4 in. to 10 Ft., Dia \_\_\_\_\_ In. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
Casing height above land surface FLUSH in., weight SCH 40 Lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)
			9 ABS
			10 Asbestos-cement
			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
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes
		7 Torch cut	10 Other (specify)
			11 None (open hole)

SCREEN-PERFORATED INTERVALS:	From	10	ft. to	20	ft. From		ft. to	ft.
	From		ft. to		ft. From		ft. to	Ft.
SAND PACK INTERVALS:	From	9	ft. to	20	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
Grout Intervals	From 3	0	ft. to	2	From 2
				2	ft. to
				9	ft. From
					ft. to
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	<b>Contaminated Site</b>	
Direction from well?			How many feet?		

[illegible]

7. CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **07/10/02**. And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585**. This Water Well Record was completed on (mo/day/yr) **08/10/02** under the business name of **Associated Environmental, Inc.** By (signature) **Darin R Duncan**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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