

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Harvey	NE ¼ NE ¼ SE ¼	16	T 22 S	R 1 EAW

Distance and direction from nearest town or city street address of well if located within city?

101 E. Old Highway 81, Hesston, Kansas2 WATER WELL OWNER: **Prime Time of Kansas**RR#, St. Address, Box #: **P.O. Box 7500**

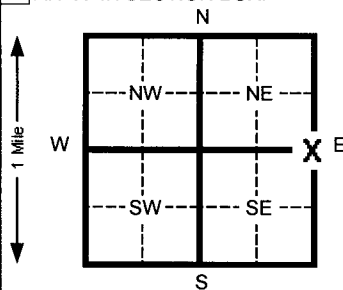
Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Branson, Missouri 65616**

Application Number:

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

4 DEPTH OF COMPLETED WELL

24.5 ft. ELEVATION:Depth(s) Groundwater Encountered 1 **19.75** ft. 2 _____ ft. 3 _____ ft.WELL'S STATIC WATER LEVEL **16.31** ft. below land surface measured on mo/day/yr **06/15/04**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpmBore Hole Diameter **8.5** in. to **24.5** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

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

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ 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)

2 PVC 4 ABS

6 Asbestos-Cement 9 Other (specify below)

7 Fiberglass

Welded _____

Threaded **X**Blank casing diameter **2.375** in. to **9.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)

2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot **3** Mill slot

2 Louvered shutter 4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 Saw cut 11 None (open hole)

9 Drilled holes

10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **24.5** ft. to **9.5** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **24.5** ft. to **7.0** 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 **0.0** ft. to **1.5** ft. From **1.5** ft. to **7.0** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines

2 Sewer lines 5 Cess pool

3 Watertight sewer lines 6 Seepage pit

7 Pit privy

8 Sewage lagoon

9 Feedyard

10 Livestock pens 14 Abandoned water well**11** Fuel storage (former) 15 Oil well/ Gas well

12 Fertilizer storage 16 Other (specify below)

13 Insecticide storage

Direction from well?

West

How many feet?

25

FROM TO CODE LITHOLOGIC LOG

0.0 3.0 **Brown sandy, very silty clay, gravelly, firm, moist**3.0 9.5 **Brown sandy, very silty clay, laminated, firm, moist, slightly discolored gray, trace odor**9.5 13.0 **Red brown very silty clay, sand lenses, firm, moist**13.0 20.5 **Red brown very silty clay, caliche, firm, moist-very moist, wet @ 19.75', discolored****gray blue, odor**20.5 24.0 **Gray clayey, very silty sand, fine grained, caliche, firm, wet, discolored gray blue, trace odor**24.0 24.5 **Light red brown clayey, very silty sand, fine grained, caliche, firm, wet****Flush-mount well completion approved by Don Taylor, KDHE, BOW.**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/yr) **06/10/04** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **692**This Water Well Record was completed on (mo/day/yr) **07/02/04**

under the business name of

Quad State Services, Inc.

by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.