

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Harvey	NE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	16	T 22 S	R 1 EW

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

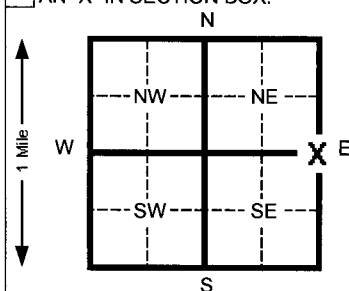
101 E. Old Highway 81, Hesston, Kansas2 WATER WELL OWNER: **Prime Time of Kansas**RR#, St. Address, Box # : **P.O. Box 7500**

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 **19.25** ft. 2 _____ ft. 3 _____ ft.WELL'S STATIC WATER LEVEL **16.22** 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)

6 Asbestos-Cement

9 Other (specify below)

Welded _____

2 PVC

4 ABS

7 Fiberglass

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

7 PVC

10 Asbestos-cement

2 Brass

4 Galvanized steel

6 Concrete tile

8 RMP (SR)

11 Other (specify)

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 **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

7 Pit privy

10 Livestock pens

14 Abandoned water well

2 Sewer lines

5 Cess pool

8 Sewage lagoon

11 Fuel storage (former)

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?

South

How many feet?

60

FROM TO CODE LITHOLOGIC LOG

0.0 0.2 Asphalt

0.2 0.7 Concrete

0.7 7.5 Dark brown very silty clay, laminated, plastic, moist

7.5 13.5 Red brown very silty clay, caliche, plastic, moist-very moist, trace odor

13.5 17.5 Light red brown very silty clay, some caliche, plastic, very moist

17.5 19.0 Light tan-gray, very silty clay, caliche, plastic, very moist

19.0 24.5 Light tan-light gray, red brown clayey, silty sand, fine grained, firm, wet @ 19.25'

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.