

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

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

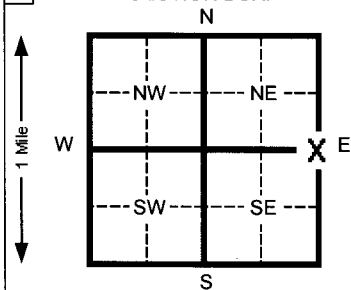
**101 E. Old Highway 81, Hesston, Kansas**2 WATER WELL OWNER: **Prime Time of Kansas**RR#, St. Address, Box # : **P.O. Box 7500**

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

**20.0** ft. ELEVATION:Depth(s) Groundwater Encountered 1 **19.0** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.WELL'S STATIC WATER LEVEL **15.25** 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 **20.0** 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 **5.0** 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 **20.0** ft. to **5.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **20.0** ft. to **3.0** 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 **1.0** ft. From **1.0** ft. to **3.0** 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?

**North**

How many feet?

**25**

FROM TO CODE LITHOLOGIC LOG

**0.0****0.2****Asphalt****0.2****0.7****Concrete****0.7****9.0****Brown clayey, very silty sand, fine grained, loose-non plastic, very moist-wet****9.0****16.0****Brown clayey, very silty sand, fine grained, wet, increasing gray discoloration and odor with depth****16.0****20.0****Brown clayey, very silty sand, fine grained, wet, decreasing gray discoloration and odor with depth****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.