

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Harvey</b>	<b>NE ¼ NE ¼ SE ¼</b>	<b>16</b>	<b>T 22 S</b>	<b>R 1 E</b>

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

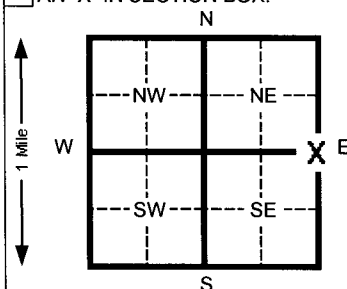
**101 E. Old Highway 81, Hesston, Kansas**2 WATER WELL OWNER: **Prime Time of Kansas**RR#, St. Address, Box # : **P.O. Box 7500**

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 **24.5** ft. ELEVATION:Depth(s) Groundwater Encountered 1 **19.0** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.WELL'S STATIC WATER LEVEL **15.05** 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 \_\_\_\_\_

6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_

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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 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)

Direction from well? **West** How many feet? **85**

FROM TO CODE

0.0 13.0

13.0 19.5

19.5 20.5

20.5 23.0

23.0 24.5

Red brown-brown silty clay, laminated, plastic, moist-very moist, trace odor

Red brown-brown silty clay, laminated, caliche, iron oxide stained, plastic, moist-very moist, wet @ 19', trace odor

Light red brown-tan silty clay, caliche, iron oxide stained, plastic, wet, trace odor

Light tan-light gray silty, clayey sand, fine grained, wet, trace odor

Olive green-gray silty, clayey sand, fine grained, wet, trace odor

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) **06/15/04**Water 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.