

1 LOCATION OF WATER WELL: County: Harvey	Fraction NE ¼ NE ¼ SE ¼	Section Number 16	Township Number T 22 S	Range Number R 1 E
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Distance and direction from nearest town or city street address of well if located within city?

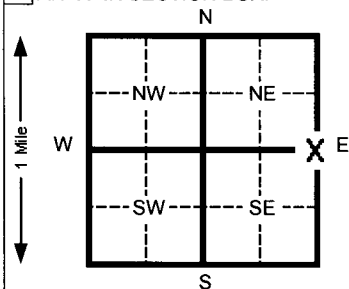
101 E. Old Highway 81, Hesston, Kansas2 WATER WELL OWNER: **Prime Time of Kansas**RR#, St. Address, Box # : **P.O. Box 7500**

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

25.0 ft. ELEVATION:Depth(s) Groundwater Encountered 1 **20.25** ft. 2 _____ ft. 3 _____ ft.WELL'S STATIC WATER LEVEL **16.83** 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 **25.0** 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 **10.0** 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 **25.0** ft. to **10.0** ft. From _____ ft. to _____ ft.

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

GRAVEL PACK INTERVALS: From **25.0** 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?

Northwest

How many feet?

75

FROM TO CODE LITHOLOGIC LOG

0.0**0.8**

CODE

Gravel**0.8****9.5****Brown-dark brown very silty clay, laminated, plastic, moist-very moist****9.5****12.5****Red brown-light red brown very silty clay, plastic, very moist****12.5****20.0****Red brown-light red brown very silty clay, caliche, plastic, very moist****20.0****25.0****Tan-light red brown clayey, very silty sand, fine grained, caliche, firm, very moist, wet @ 20.25'****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.