

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Harvey</u>		<u>NE ¼ SW ¼ SE ¼</u>	<u>35</u>	<u>T 22 S 2 R 2 E</u>	<u>W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>6 mi. N. OF HALSTEAD</u>					
2 WATER WELL OWNER:		EBWQA		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box # : <u>ARNOLD E. KELLER</u>		8664		Application Number:	
City, State, ZIP Code : <u>11206 NW 36TH</u>		<u>HALSTEAD, KS 67056</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>78</u> ft. ELEVATION: _____ ft.			
Diagram of a 36-section grid with 'NW', 'NE', 'SW', and 'SE' labels. An 'X' is marked in the SE section.		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>7/27/92</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		☒ 1 Domestic ☐ 3 Feedlot ☐ 6 Oil field water supply ☐ 9 Dewatering ☐ 12 Other (Specify below) ☐ 2 Irrigation ☐ 4 Industrial ☐ 7 Lawn and garden only ☐ 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 2 PVC Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____		3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) _____ Welded _____ Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 Fiberglass 8 RMP (SR) 11 Other (specify) <u>NA</u> 12 None used (open hole)			
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched		5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) <u>NA</u> 11 None (open hole)			
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		3 Bentonite			
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.		4 Other _____			
What is the nearest source of possible contamination:		10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____			
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard		How many feet? <u>800</u>			
Direction from well? <u>SOUTH</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>78</u>	<u>17</u>	<u>CHLORINATED GRAVEL</u>
			<u>17</u>	<u>0</u>	<u>BENTONITE</u>
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/year) <u>7/27/92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>8664 EBWQA</u> . This Water Well Record was completed on (mo/day/yr) <u>8/14/92</u> under the business name of <u>MILLER DRILLING REPAIR</u> by (signature)					

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.