

| | | | | | | | |
|--|----|---|----------------|-----------------|----------------------|----------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number | | |
| County: <u>Harvey</u> | | <u>NE 1/4 NE 1/4 SE 1/4</u> | <u>22</u> | T <u>23</u> S | R <u>1</u> <u>SW</u> | | |
| Distance and direction from nearest town or city street address of well if located within city? <u>2 mile West of Newton</u> | | | | | | | |
| 2 WATER WELL OWNER: | | Board of Agriculture, Division of Water Resources | | | | | |
| RR#, St. Address, Box # : | | Application Number: | | | | | |
| City, State, ZIP Code : | | <u>Rosstern, Sask. Canada</u> | | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: <u>23</u> ft. ELEVATION: _____ | | | | | |
| | | Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft. | | | | | |
| | | WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on <u>11-11-87</u> | | | | | |
| | | Pump test data: Well water was <u>14</u> ft. after <u>2</u> hours pumping <u>10</u> gpm | | | | | |
| | | Est. Yield <u>10</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm | | | | | |
| | | Bore Hole Diameter <u>36</u> in. to _____ ft., and _____ in. to _____ ft. | | | | | |
| | | WELL WATER TO BE USED AS: | | | | | |
| | | <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well | | | | | |
| | | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was sub- mitted _____ | | | | | |
| | | Water Well Disinfected? <u>Yes</u> <u>Super HTH</u> | | | | | |
| 5 TYPE OF BLANK CASING USED: | | CASING JOINTS: Glued <u>X</u> Clamped _____ | | | | | |
| 1 Steel 3 RMP (SR) | | Welded _____ | | | | | |
| <u>2 PVC</u> 4 ABS | | Threaded _____ | | | | | |
| Blank casing diameter <u>6</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | | | |
| Casing height above land surface <u>18</u> in., weight <u>3.36</u> lbs./ft. Wall thickness or gauge No. <u>.245</u> | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | <u>7 PVC</u> 10 Asbestos-cement | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ | | | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | 5 Gauzed wrapped <u>factory</u> <u>8 Saw cut</u> <u>.032</u> 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 <u>15</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft. | | | | | | | |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>23</u> ft., From _____ ft. to _____ ft. | | | | | | | |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | | | |
| 6 GROUT MATERIAL: | | 3 Bentonite 4 Other _____ | | | | | |
| 1 Neat cement 2 Cement grout | | | | | | | |
| Grout Intervals: From <u>10</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | | | |
| What is the nearest source of possible contamination: | | 10 Livestock pens 14 Abandoned water well | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well | | | | | | | |
| <u>2 Sewer lines</u> 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) | | | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage | | | | | | | |
| Direction from well? <u>North</u> | | How many feet? <u>75'</u> | | | | | |
| FROM | TO | LITHOLOGIC LOG | | FROM | TO | LITHOLOGIC LOG | |
| | | <u>Reinforced existing hand dug</u> <u>well - sealed w/ bentonite & with</u> <u>earth fill mixed w/ bentonite above</u> <u>gravel line & old rock removed from</u> <u>upper portion. pitless Adapter & water</u> <u>tight well cap installed</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>11-24-87</u> and this record is true to the best of my knowledge and belief. Kansas | | | | | | | |
| Water Well Contractor's License No. <u>#457</u> This Water Well Record was completed on (mo/day/yr) <u>11-30-87</u> | | | | | | | |
| under the business name of <u>United water well & pump</u> by (signature) <u>Paul B...</u> | | | | | | | |
| 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records. | | | | | | | |