

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>HARVEY</u>		<u>SW 1/4 SW 1/4 NE 1/4</u>	<u>23</u>	T <u>23</u> S	R <u>1</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile SW NEWTON KS.</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code :		<u>1405 Jewell Drive</u> <u>NEWTON KANSAS 67114</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>48</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>28</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>28</u> ft. below land surface measured on mo/day/yr <u>7-7-84</u>			
		Pump test data: Well water was <u>28</u> ft. after <u>1/2</u> hours pumping <u>20</u> gpm			
		Est. Yield <u>40-50</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>1 1/2</u> in. to <u>48</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input 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 submitted _____			
		Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) CASING JOINTS: Glued <u>X</u> Clamped _____ <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass _____ Welded _____ Blank casing diameter <u>5</u> in. to <u>36</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>24</u> in., weight <u>230</u> lbs./ft. Wall thickness or gauge No. <u>SPR-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>36</u> ft. to <u>48</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>48</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____ Grout Intervals: From <u>3</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <u>in middle of open field</u> <input type="checkbox"/> 13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top soil			
2	13	clay.			
13	18	fine sand			
18	20	clay.			
20	42	fine to med sand.			
42	48	charcoal shale			
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>7-7-84</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>7-7-84</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>James Weninger</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					