

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Harvey</u>		<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>24</u>	<u>T 23 S</u>	<u>R 1 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>West Edge of Newton (1 mile west of Meridian & 1st St corner)</u>					
2 WATER WELL OWNER: <u>David Burns</u>					
RR#, St. Address, Box #: <u>#2 Royer West - Moorland Addition</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>Newton KS 67114</u>				Application Number:	
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>20'</u> ft. below land surface measured on <u>mo/day/yr</u>			
		Pump test data: Well water was <u>4.6</u> ft. after <u>2</u> hours pumping <u>27</u> gpm			
		Est. Yield <u>2.5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>11</u> in. to <u>4.8'</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? <u>Yes</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter <u>5"</u> in. to <u>28"</u> ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.					
Casing height above land surface <u>24</u> in., weight <u>2.37</u> lbs./ft. Wall thickness or gauge No. <u>214</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
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:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped <u>factory</u>	<input checked="" type="checkbox"/> 8 Saw cut <u>0.032</u>	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 <u>28</u> ft. to <u>38</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>48</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other _____	
Grout intervals: From <u>0</u> ft. to <u>10</u> ft. From _____ ft. to _____ 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
<input checked="" type="checkbox"/> 2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	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? <u>EAST</u>				How many feet? <u>105'</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Loam			
5	10	red brown clay			
10	14	Sand - medium fine			
14	25	Light red-brown clay			
25	28	gray clay			
28	36	Sand med to coarse			
36	43	green - red shale			
43	48	gray to dark shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-2-86</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>5-26-86</u> under the business name of <u>United water well & pump</u> by (signature) <u>Paul Buschhart</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.					

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