

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: HARVEY		N $\frac{1}{4}$ E $\frac{1}{4}$ NW $\frac{1}{4}$	25	T 23 S	R 1 E W
Distance and direction from nearest town or city street address of well if located within city? LOCATED @ Full Vision, Inc.					
2 WATER WELL OWNER: KDHE MW #3					
RR#, St. Address, Box # : City, State, ZIP Code :			Board of Agriculture, Division of Water Resources Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 38.2 ft. ELEVATION:			
<p>A square divided into four smaller squares by dashed lines. The top-left square is labeled 'NW' and contains an 'X'. The other three squares are labeled 'NE', 'SW', and 'SE' respectively.</p>		Depth(s) Groundwater Encountered _____ ft. 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 14 ft. below land surface measured on mo/day/yr			
		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 6 1/2 in. to 38.2 ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering ⑬ Other (Specify below) 7 Lawn and garden only 10 Observation well MONITOR WELL			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
② PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface FLUSH in., weight _____ lbs./ft. Wall thickness or gauge No. SCHED 40				8 Concrete tile	
TYPE OF SCREEN OR PERFORATION MATERIAL:				9 Other (specify below) _____ Welded _____ Threaded <input checked="" type="checkbox"/>	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:				5 Gauzed wrapped	
1 Continuous slot		③ Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				9 Drilled holes	
				10 Other (specify) _____	
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		② Cement grout		3 Bentonite	
Grout intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				4 Other _____	
What is the nearest source of possible contamination:				10 Livestock pens	
1 Septic tank		4 Lateral lines		11 Fuel storage	
2 Sewer lines		5 Cess pool		12 Fertilizer storage	
3 Watertight sewer lines		6 Seepage pit		13 Insecticide storage	
		7 Pit privy		14 Abandoned water well	
		8 Sewage lagoon		15 Oil well/Gas well	
		9 Feedyard		⑯ Other (specify below)	
				INDUSTRIAL LAAGOON	
Direction from well? N				How many feet? 50'	
LITHOLOGIC LOG					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	BROWN Silty Clay-Clay/Silt			
1	18	RED BROWN Silty SANDY CLAY			
18	31	RED BROWN CLAYEY SAND			
31	37	LIGHT GREEN SANDY CLAY-CLAYEY SAND			
37	38	LIGHT GREEN ARGILLACEOUS 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) 9/4/86 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 9/9/86 under the business name of K.S. Dept. Health & Environment by (signature) <i>[Signature]</i>					
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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					