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|---|--|--|----------------|-----------------|---------------|
| 1 LOCATION OF WATER WELL | | Fraction | Section Number | Township Number | Range Number |
| County: <u>HARVEY</u> | | <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ | <u>36</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 1/2 SW 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>LES Decker</u> | | <u>67114</u> | | | |
| <u>R.R. # 1</u> | | | | | |
| <u>NEWTON, KS</u> | | | | | |
| 3 DEPTH OF COMPLETED WELL | | ft. Bore Hole Diameter | | | |
| <u>42</u> | | <u>11</u> in. to <u>42</u> ft. and in. to ft. | | | |
| Well Water to be used as: | | 11 Injection well | | | |
| 1 Domestic 3 Feedlot | | 12 Other (Specify below) | | | |
| 2 Irrigation 4 Industrial | | | | | |
| 5 Public water supply | | 8 Air conditioning | | | |
| 6 Oil field water supply | | 9 Dewatering | | | |
| 7 Lawn and garden only | | 10 Observation well | | | |
| Well's static water level | | ft. below land surface measured on | | | |
| <u>16</u> | | <u>3</u> month <u>13</u> day <u>80</u> year | | | |
| Pump Test Data | | Well water was | | | |
| <u>7 gpm</u> | | <u>42</u> ft. after <u>2</u> hours pumping | | | |
| Est. Yield | | gpm: Well water was | | | |
| <u>6/8</u> | | ft. after hours pumping | | | |
| 4 TYPE OF BLANK CASING USED: | | Casing Joints: Glued <input checked="" type="checkbox"/> Clamped | | | |
| 1 Steel 3 RMP (SR) | | Welded | | | |
| 2 PVC 4 ABS | | Threaded | | | |
| 5 Wrought iron | | 6 Concrete tile | | | |
| 6 Asbestos-Cement | | 7 Fiberglass | | | |
| 7 Fiberglass | | 8 Concrete tile | | | |
| 8 Concrete tile | | 9 Other (specify below) | | | |
| Blank casing dia | | in. to ft. Dia in. to ft. Dia in. to ft. Dia | | | |
| <u>6</u> | | <u>32</u> | | | |
| Casing height above land surface | | in., weight lbs./ft. Wall thickness or gauge No. | | | |
| <u>18</u> | | <u>3.36</u> <u>0.225</u> | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 7 PVC | | | |
| 1 Steel 3 Stainless steel | | 10 Asbestos-cement | | | |
| 2 Brass 4 Galvanized steel | | 11 Other (specify) | | | |
| 5 Fiberglass 8 RMP (SR) | | 12 None used (open hole) | | | |
| 6 Concrete tile 9 ABS | | 11 None (open hole) | | | |
| Screen or Perforation Openings Are: | | 8 Saw cut <u>factory</u> | | | |
| 1 Continuous slot 3 Mill slot | | 9 Drilled holes | | | |
| 2 Louvered shutter 4 Key punched | | 10 Other (specify) | | | |
| 5 Gauzed wrapped | | 11 None (open hole) | | | |
| 6 Wire wrapped | | 1030 | | | |
| 7 Torch cut | | | | | |
| Screen-Perforation Dia | | in. to ft. Dia in. to ft. Dia in. to ft. Dia | | | |
| <u>6"</u> | | <u>42</u> | | | |
| Screen-Perforated Intervals: | | From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. | | | |
| From <u>32</u> ft. to <u>42</u> ft. | | | | | |
| From ft. to ft. | | | | | |
| Gravel Pack Intervals: | | From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. | | | |
| From <u>10</u> ft. to <u>42</u> ft. | | | | | |
| From ft. to ft. | | | | | |
| 5 GROUT MATERIAL: | | 3 Bentonite | | | |
| 1 Neat cement 2 Cement grout | | 4 Other | | | |
| Grouted Intervals: From | | ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. | | | |
| From <u>0</u> ft. to <u>10</u> ft. | | | | | |
| What is the nearest source of possible contamination: | | 10 Fuel storage 14 Abandoned water well | | | |
| 1 Septic tank 4 Cess pool | | 11 Fertilizer storage 15 Oil well/Gas well | | | |
| 2 Sewer lines 5 Seepage pit | | 12 Insecticide storage 16 Other (specify below) | | | |
| 3 Lateral lines 6 Pit privy | | 13 Watertight sewer lines | | | |
| 7 Sewage lagoon | | | | | |
| 8 Feed yard | | | | | |
| 9 Livestock pens | | | | | |
| Direction from well | | How many feet | | | |
| <u>SW</u> | | <u>35</u> | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes | | No | | | |
| If Yes, date sample was submitted | | month day year | | | |
| Pump Installed? Yes | | No | | | |
| If Yes: Pump Manufacturer's name | | Model No. HP Volts | | | |
| Depth of Pump Intake | | ft. Pumps Capacity rated at gal./min. | | | |
| Type of pump: | | 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other | | | |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was | | (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was | | | |
| completed on | | month day year | | | |
| <u>3</u> month <u>13</u> day <u>81</u> year | | | | | |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. | | <u>175</u> | | | |
| This Water Well Record was completed on | | month day year | | | |
| <u>4</u> month <u>2</u> day <u>81</u> year | | | | | |
| name of | | by (signature) | | | |
| <u>PAUL'S INC.</u> | | <u>Paul Bruchman</u> | | | |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | LITHOLOGIC LOG | | | |
| FROM TO LITHOLOGIC LOG | | FROM TO LITHOLOGIC LOG | | | |
| <u>0</u> <u>5</u> <u>Loam</u> | | | | | |
| <u>5</u> <u>16</u> <u>" to rd br clay</u> | | | | | |
| <u>16</u> <u>20</u> <u>rd to lg br clay</u> | | | | | |
| <u>20</u> <u>27</u> <u>Light brown clay</u> | | | | | |
| <u>27</u> <u>33</u> <u>Dark grey clay</u> | | | | | |
| <u>33</u> <u>37</u> <u>med fine sand & clay</u> | | | | | |
| <u>37</u> <u>38</u> <u>green grey shale</u> | | | | | |
| <u>38</u> <u>42</u> <u>dark shale (Wellington)</u> | | | | | |
| ELEVATION: | | | | | |
| Depth(s) Groundwater Encountered | | 1. ft. 2. ft. 3. ft. 4. ft. | | | |
| 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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records. | | (Use a second sheet if needed) | | | |