

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: HARVEY		NE 1/4 NE 1/4 NW 1/4	32	T 23 S	R 2 EW
Distance and direction from nearest town or city? 2 W. Halstead			Street address of well if located within city?		

2 WATER WELL OWNER: MRS NICK THIES		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: RR #2		
City, State, ZIP Code: HALSTEAD, KS		

3 DEPTH OF COMPLETED WELL: 93 ft. Bore Hole Diameter: 11 in. to 93 ft. and _____ in. to _____ ft.	
Well Water to be used as:	5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 10 Observation well
Well's static water level: 55 ft. below land surface measured on _____ month 30 day 80 year	
Pump Test Data: Well water was 75 ft. after 2 hours pumping 15 gpm	
Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	

4 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below) _____	
2 PVC		4 ABS		7 Fiberglass		Welded _____	
Blank casing dia 5 in. to 75 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						Threaded _____	
Casing height above land surface: 18 in., weight 2.37 lbs./ft. Wall thickness or gauge No. 214							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS	
Screen or Perforation Openings Are:		5 Gauzed wrapped		8 Saw cut		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-Perforation Dia: 5" in. to 85 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From 75 ft. to 85 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Gravel Pack Intervals: From 10 ft. to 93 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							

5 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 Bentonite		4 Other _____	
Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		10 Fuel storage		14 Abandoned water well					
1 Septic tank		4 Cess pool		7 Sewage lagoon		11 Fertilizer storage		15 Oil well/Gas well	
2 Sewer lines		5 Seepage pit		8 Feed yard		12 Insecticide storage		16 Other (specify below) _____	
3 Lateral lines		6 Pit privy		9 Livestock pens		13 Watertight sewer lines			
Direction from well: So - W How many feet: 75' ? Water Well Disinfected? Yes No									
Was a chemical/bacteriological sample submitted to Department? Yes No									
If Yes: Pump Manufacturer's name: Dempster Model No. MBL3-50 1/2 Volts 230									
Depth of Pump Intake: 75' ft. Pumps Capacity rated at 12 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 7 month 9 day 80 year	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. #175	
This Water Well Record was completed on 7 month 16 day 80 year under the business name of PAUL'S INC. by (signature) Paul Burlant	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	7	SANDY LOAM			
	7	15	RL-BR SANDY CLAY			
	15	21	FINE BR. SAND			
	21	25	MED BR. SAND			
	25	36	FINE TAN SAND/CLAY LAYERED			
	36	65	Soft Blu CLAY			
	65	75	med - COARSE SAND			
	75	90	compacted Med to COARSE SAND			
	90	93	FINE SAND			

1 Mile

ELEVATION:

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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.