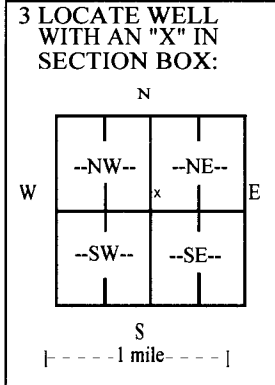


<b>1 LOCATION OF WATER WELL:</b> County: <b>Harvey</b>	Fraction 1/4 SW 1/4 SW 1/4 NE 1/4	Section Number <b>15</b>	Township No. T <b>23</b> S	Range Number R <b>2</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Approximately 3 miles north and 1 mile west of Halstead.		<b>Global Positioning System (GPS) information:</b> Latitude: <b>38.051933</b> (in decimal degrees) Longitude: <b>-97.527477</b> (in decimal degrees) Elevation: <b>Unknown</b> Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <b>WAAS</b> ) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		

<b>2 WATER WELL OWNER:</b> Donald Yost RR#, Street Address, Box #: <b>907 N. Halstead Rd.</b> City, State, ZIP Code : <b>Halstead, KS 67056</b>	
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**4 DEPTH OF COMPLETED WELL** **58** ft.

Depth(s) Groundwater Encountered (1) \_\_\_\_\_ ft. (2) \_\_\_\_\_ ft. (3) \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **14** ft. below land surface measured on mo/day/yr **02/13/15**

Pump test data: Well water was  not checked ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

EST. YIELD \_\_\_\_\_ gpm. Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **30** in. to **70** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:  Public water supply  Geothermal  Injection well  
 Domestic  Feedlot  Oil field water supply  Dewatering  Other (Specify below)  
 Irrigation  Industrial  Domestic-lawn & garden  Monitoring well

Was a chemical/bacteriological sample submitted to Department?  Yes  No  
 If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water well disinfected?  Yes  No

**5 TYPE OF CASING USED:**  Steel  PVC  Other \_\_\_\_\_

CASING JOINTS:  Glued  Clamped  Welded  Threaded  Other (Specify) \_\_\_\_\_

Casing diameter **16** in. to **34** ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **12** in., Weight **19.75** lbs./ft., Wall thickness or gauge No. **.616**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel  Stainless Steel  PVC  Other (Specify) \_\_\_\_\_  
 Brass  Galvanized Steel  None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From **34** ft. to **57** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **22** ft. to **70** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Intervals: From **2** ft. to **22** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below) \_\_\_\_\_  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well **None Known**  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well

Direction from well \_\_\_\_\_ Distance from well \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Topsoil			
4	19	Clay, gray, hard			
19	22	Sand, fine to coarse			
22	36	Sand, fine to coarse, gravel, fine			
36	42	Sand & gravel, fine to medium			
42	43	Cemented sand, hard			
43	57	Clay, tan, sandy			
57	70	Clay, tan, hard			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) **02/13/15** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/year) **02/20/15**  
 under the business name of **Clarke Well & Equipment, Inc.** by (signature) \_\_\_\_\_

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY and PRINT** clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.



# Clarke Well and Equipment, Inc.

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WATER RELATED PROJECTS: Environmental - Industrial - Municipal - Agricultural

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AIRPORT INDUSTRIAL COMPLEX - 8822 3rd STREET - GREAT BEND, KS 67530-9766  
PHONE 620-793-8493 Fax 620-793-8340

We had withheld this report because it did not produce any water.

This well will be abandoned in the near future.