

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: HARVEY		SW 1/4 SW 1/4 NE 1/4	2	T 24 S	R 2 EW
Distance and direction from nearest town or city? SAME			Street address of well if located within city? 1102 Chestnut HALSTEAD KS.		

2 WATER WELL OWNER: HENRY GOOSSEN		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: 1102 CHESTNUT		
City, State, ZIP Code: HALSTEAD KS 67056		

3 DEPTH OF COMPLETED WELL: 48 ft. Bore Hole Diameter: 11 in. to 48 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 12 Other (Specify below)
Well's static water level: 21 ft. below land surface measured on _____ month _____ day _____ year	
Pump Test Data: Well water was 25 ft. after _____ hours pumping _____ gpm	
Est. Yield 50 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 30 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. 1214							
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 1020		8 Saw cut FACTORY		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 48 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From 30 ft. to 48 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
Gravel Pack Intervals: From 10 ft. to 48 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:		1 Septic tank		4 Cess pool		7 Sewage lagoon		10 Fuel storage	
2 Sewer lines		5 Seepage pit		8 Feed yard		12 Insecticide storage		14 Abandoned water well	
3 Lateral lines		6 Pit privy		9 Livestock pens		13 Watertight sewer lines		15 Oil well/Gas well	
Direction from well 50 ft. How many feet 35 ? Water Well Disinfected? Yes _____ No _____									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year									
If Yes: Pump Manufacturer's name Dempster Model No. HBC3-50-52P 1/2 Volts 230									
Depth of Pump Intake 39 ft. Pumps Capacity rated at 18 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	
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 _____ month _____ day _____ year under the business name of PAUL'S INC. by (signature) Paul Beinhart	

	7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	5	LOAM - SANDY			
		5	10	DARK BR CLAY			
		10	16	" " to rd clay			
		16	35	DRK BR CLAY			
	35	40	SAND FINE - some clay layers				
	40	48	SAND MED to very coarse / slightly cemented				

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