

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Township Number	Range Number	
County: <u>Harvey</u>	<u>SE ¼ NE ¼ SE ¼</u>	Section Number <u>10</u>	Township Number T <u>24</u> S	Range Number R <u>2</u> E/W <u>(NW)</u>	
Distance and direction from nearest town or city street address of well if located within city?					
<b>2 WATER WELL OWNER:</b> <u>James Fein</u>					
RR#, St. Address, Box # :		<u>RR# 2 Box 99</u>			
City, State, ZIP Code :		<u>Halstead, Ks 67056</u>			
		<b>EBWQA</b> <b>8664</b>	Board of Agriculture, Division of Water Resources Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>160</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. <u>5/15/92</u> .... ft.			
		WELL'S STATIC WATER LEVEL <u>39</u> .... 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 ..... in. to ..... 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    6 Oil field water supply    9 Dewatering    12 Other (Specify below) <u>2 Irrigation</u> 4 Industrial    7 Lawn and garden only    10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted		Water Well Disinfected? <u>Yes</u> No			
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel    3 RMP (SR)		5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued ..... Clamped .....			
2 PVC    4 ABS		6 Asbestos-Cement <u>9 Other (specify below)</u> Welded .....			
		7 Fiberglass <u>Transite</u> Threaded .....			
Blank casing diameter <u>16</u> in. to ..... ft., Dia. .... in. to ..... ft., Dia. .... in. to ..... ft.		Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel    3 Stainless steel    5 Fiberglass		7 PVC    10 Asbestos-cement			
2 Brass    4 Galvanized steel    6 Concrete tile		8 RMP (SR)    11 Other (specify) <u>N/A</u>			
		9 ABS    12 None used (open hole)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
1 Continuous slot    3 Mill slot    5 Gauzed wrapped		8 Saw cut    11 None (open hole)			
2 Louvered shutter    4 Key punched    6 Wire wrapped		9 Drilled holes			
		7 Torch cut    10 Other (specify) <u>N/A</u>			
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>N/A</u> ft. to <u>N/A</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement    2 Cement grout <u>3 Bentonite</u> 4 Other .....					
Grout Intervals: From <u>9</u> ft. to <u>6</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:					
1 Septic tank    4 Lateral lines    7 Pit privy		10 Livestock pens    14 Abandoned water well			
2 Sewer lines    5 Cess pool    8 Sewage lagoon		11 Fuel storage    15 Oil well/Gas well			
3 Watertight sewer lines    6 Seepage pit    9 Feedyard		12 Fertilizer storage <u>16 Other (specify below)</u>			
		<u>Cultivated Field</u>			
Direction from well? How many feet? <u>3</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>160</u>	<u>39</u>	<u>Chlorinated Sand</u>
			<u>39</u>	<u>309</u>	<u>Subsoil</u>
			<u>309</u>	<u>6</u>	<u>Bentonite</u>
			<u>6</u>	<u>0</u>	<u>Topsoil</u>
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>May 18, '92</u> 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) <u>May 18, '92</u> under the business name of ..... by (signature) <u>James W Fein</u>					
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					