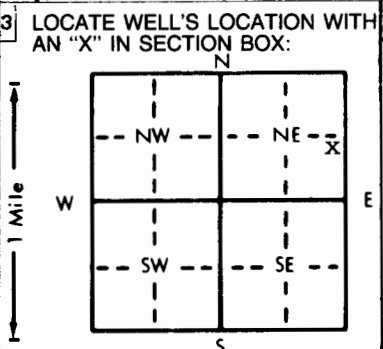


1 LOCATION OF WATER WELL: County: Barton Fraction: NE 1/4 SE 1/4 NE 1/4 Section Number: 33 Township Number: T 17 S Range Number: R 11 E/W

Distance and direction from nearest town or city street address of well if located within city?
~~XXXXXX~~ Located on North edge of Claflin, KS

2 WATER WELL OWNER: Earl Stadel
 RR#, St. Address, Box #: Rural Route
 City, State, ZIP Code: Claflin, KS 67525
 Board of Agriculture, Division of Water Resources
 Application Number: Not required



4 DEPTH OF COMPLETED WELL: 100 ft. ELEVATION: unknown
 Depth(s) Groundwater Encountered: 1. 54 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 54 ft. below land surface measured on mo/day/yr 12-8-84
 Pump test data: Well water was not ck'd ft. after _____ hours pumping _____ gpm
 Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 9 in. to 100 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)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued XX Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter: 5 in. to 85 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 2.277 lbs./ft. Wall thickness or gauge No. 214
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 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) _____
 SCREEN-PERFORATED INTERVALS: From 85 ft. to 100 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 30 ft. to 100 ft., From _____ ft. to _____ ft.
 Annular Fill From 10 ft. to 26 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 10 ft., From 26 ft. to 30 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 16 Other (specify below)
 13 Insecticide storage
 Direction from well? west How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	69	Topsoil & brown clay some soft, sandy			
69	73	Black clay			
73	76	Hard white clay			
76	86	Brown clay			
86	90	Yellow clay & sandstone			
90	99	Sandstone w/a few thin clay streaks			
99	100	Red & white Dakota clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 12-8-84 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/yr) 1-18-85 under the business name of Clarke Well & Eq., Inc. by (signature) _____

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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