

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>Stacy</u>		<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>17</u>	T <u>21</u> S	R <u>11</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>1 W 2 N of Altonville, KS</u>					
<b>2 WATER WELL OWNER:</b> <u>Kenneth Crew</u>					
RR#, St. Address, Box # : <u>2813 NOTTINGHAM</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>HUTCHINSON, KS.</u>			Application Number: <u>787-262</u>		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>62</u> ft. ELEVATION: _____ ft.			
<p>A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, and SE. An 'X' is marked in the SE quadrant. A north arrow points upwards.</p>		Depth(s) Groundwater Encountered _____ ft. 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL _____ 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:			
		<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input checked="" type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>(X)</u> ; If yes, mo/day/yr sample was submitted _____			
<b>5 TYPE OF BLANK CASING USED:</b>					
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded	
Blank casing diameter _____ 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>					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS		<input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) _____ <input type="checkbox"/> 11 None (open hole)	
<b>SCREEN-PERFORATED INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>GRAVEL PACK INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>6 GROUT MATERIAL:</b> <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines		<input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit		<input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage	
				<input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) _____	
Direction from well?		How many feet? <u>None</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Top soil			
3	40	Clay			
40	62	Gravel			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>7-2-87</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4621</u> This Water Well Record was completed on (mo/day/yr) <u>7-2-87</u> under the business name of <u>Sam's Water Wells</u> by (signature) <u>Sam Rayburn</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					