

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Stafford</b>	<b>NW 1/4 NW 1/4 SE 1/4</b>	<b>19</b>	<b>T 21 S</b>	<b>R 12 NW</b>

Distance and direction from nearest town or city street address of well if located within city?  
**6 miles East & 2 1/2 miles North of Seward, KS**

2 WATER WELL OWNER: **Barbara Hall**  
 RR#, St. Address, Box # : **P.O. Box 442** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Great Bend, KS 67530** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <b>82</b> ft. ELEVATION:
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N  
W ——— NW ——— NE ———  
E ——— SW ——— SE ———  
S

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

WELL'S STATIC WATER LEVEL **19** ft. below land surface measured on mo/day/yr **4/26/01**

Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

Est. Yield **20** gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

Bore Hole Diameter **5** in. to **88** 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 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 BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued. <input checked="" type="checkbox"/> Clamped. . . . .
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded . . . . .
		7 Fiberglass		Threaded. . . . .

Blank casing diameter **2** in. to **77** ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface **12** in., weight **703** lbs./ft. Wall thickness or gauge No. **154**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<input checked="" type="checkbox"/> PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) . . . . .
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<input checked="" type="checkbox"/> 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) . . . . . ft.	

SCREEN-PERFORATED INTERVALS: From **77** ft. to **82** ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From **25** ft. to **82** ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout  Bentonite 4 Other . . . . .  
 Grout Intervals: From **0** ft. to **25** 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  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? **150**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Sand, fine			
7	17	Clay, tan			
17	25	Sand, fine			
25	32	Clay, gray			
32	43	Sand, fine			
43	50	Clay, light gray			
50	62	Sand, fine to medium			
62	85	Sand, medium to coarse			
85	88	Clay, tan			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **4/27/01** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. **138** This Water Well Record was completed on (mo/day/yr) **5/3/01** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.