

1 LOCATION OF WATER WELL: County: Stafford	Fraction SE ¼ SE ¼ SW ¼	Section Number 31	Township Number T 21 S	Range Number R 13 EW
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Distance and direction from nearest town or city street address of well if located within city?

First Street and Seward Avenue - Seward, KS

2 WATER WELL OWNER: J & R Service RR#, St. Address, Box # : P.O. Box 316 City, State, ZIP Code : Seward, Kansas 67577	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 23 ft. ELEVATION: 1912.62				
<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">1 Mile</div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <table style="border-collapse: collapse; margin: 0 auto;"> <tr><td style="border: none;">N</td></tr> <tr><td style="border: none;">W</td></tr> <tr><td style="border: none;">E</td></tr> <tr><td style="border: none;">S</td></tr> </table> <div style="display: flex; justify-content: space-around; font-size: x-small;"> NWNE SWSE </div> <div style="text-align: center; margin-top: 5px;"> X </div> </div> </div>	N	W	E	S	Depth(s) Groundwater Encountered 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 NA ft. after hours pumping gpm Est. Yield NA gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter 8 in. to 23 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 Monitoring well Air Sparging Obser. 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? Yes No <input checked="" type="checkbox"/>
	N				
	W				
	E				
	S				

5 TYPE OF BLANK CASING USED:	5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped	Welded
1 Steel 3 RMP (SR)	6 Asbestos-Cement 9 Other (specify below)	Threaded. <input checked="" type="checkbox"/>
2 PVC 4 ABS	7 Fiberglass	
Blank casing diameter 2 in. to 18 ft, Dia in. to ft, Dia in. to ft.	Casing height above land surface 3 in., weight lbs./ft. Wall thickness or gauge No. Sch. 40	
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 18 ft. to 23 ft., From ft. to ft.		
GRAVEL PACK INTERVALS: From 16 ft. to 23 ft., From ft. to ft.		

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other	Grout Intervals: From 0 ft. to 14 ft, From 14 ft. to 16 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)
Direction from well? How many feet?		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Gravel,			
0.5	5	Silt, Brown			
5	9	Silt, Brown			
9	10	Clay, Brown Gray			
10	15	Silt, Gray			
15	16	Sand, Gray			
16	20	Silt, Brown			
20	23	Silt, Brown			
					ASOW-1, Flushmount
					Project Name: J and R Service
					GeoCore # 355, #

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) 5/1/96 and this record is true to the best of my knowledge and belief.	Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 5/29/96
under the business name of GeoCore Services, Inc.	by (signature) <i>Dale R. [Signature]</i>

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.