

1 LOCATION OF WATER WELL: County: <u>Stafford</u>	Fraction Near Center <u>1/4 1/4 NE 1/4</u>	Section Number <u>3</u>	Township Number <u>T 21 S</u>	Range Number <u>R 14 E</u>
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Distance and direction from nearest town or city street address of well if located within city?  
Approximately 5 3/4 mile North, and 2 3/4 mile East of Radium, Ks.

2 WATER WELL OWNER: Donald K. Kirkman  
 RR#, St. Address, Box #: Route 5 Box 150  
 City, State, ZIP Code: Great Bend, Ks. 67530

Board of Agriculture, Division of Water Resources  
 Application Number: 39,054

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

-	-
NW	X NE
-	-
-	-
SW	SE
-	-
-	-

S

4 DEPTH OF COMPLETED WELL: 160 ft. ELEVATION: unknown

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

WELL'S STATIC WATER LEVEL: 28 ft. below land surface measured on mo/day/yr

Pump test data: Well water was not ch'd ft. after ..... hours pumping ..... gpm

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

Bore Hole Diameter: 24 in. to 160 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
2 <u>Irrigation</u>	4 Industrial	7 Lawn and garden only
		10 Monitoring well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X .....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes ..... No X .....

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter: 16 in. to 54 ft., Dia. 16 in. to 100 ft., Dia. 16 in. to 138 ft.

Casing height above land surface: 12 in., weight 42.05 lbs./ft. Wall thickness or gauge No. 250

TYPE OF SCREEN OR PERFORATION MATERIAL:

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

SCREEN OR PERFORATION OPENINGS ARE:

1 <u>Continuous slot</u>	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 54 ft. to 94 ft., From ..... ft. to ..... ft.

From 100 ft. to 112 ft., From ..... ft. to ..... ft.

From 112 ft. to 138 ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 20 ft. to 160 ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From 0 ft. to 20 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	16 Other (specify below)
			13 Insecticide storage	..... none known .....

Direction from well?			How many feet?		
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	topsoil			
4	15	clay, brown, sandy			
15	<del>35</del> 35	sand, very fine to fine			
x35	69	sand and gravel, very fine to fine to medium, some yellow and green clay streaks, thin			
69	71	sand, very fine			
71	81	clay, greenish brown			
81	95	gravel, fine, medium, coarse			
95	100	clay streaks, green and black			
100	110	sand and gravel, very fine to fine			
110	130	clay, brown, streaks of sand			
130	160	sand and gravel, fine to medium, with broken sandstone			

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) 7-13-89 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) 7-17-89 under the business name of Clarke Well and Equipment by (signature) *Clarke Well and Equipment*

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: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.