

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Stafford</u>	NW ¼ SE ¼ SW ¼	14	T 21 S	R 14 EW

Distance and direction from nearest town or city? Approx. 2 miles west & 3¼ North of Seward, KS

Street address of well if located within city?

2 WATER WELL OWNER: Mrs. Stanley Rychlec
 RR#, St. Address, Box # : 1446 Lakin
 City, State, ZIP Code : Great Bend, KS 67530

Board of Agriculture, Division of Water Resources
 Application Number: Not Required

3 DEPTH OF COMPLETED WELL: 67 ft. Bore Hole Diameter: 9 in. to 67 ft. and _____ in. to _____ ft.

Well Water to be used as:

1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well	12 Other (Specify below)
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well		

Well's static water level: 24' 4" ft. below land surface measured on _____ month 17 day 79 year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield Not Checked gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Casing Joints: <u>Glued</u> _____ <u>Clamped</u> _____
2 PVC	4 ABS	7 Fiberglass	<u>Styrene 200</u>	<u>Welded</u> _____ <u>Solvent Weld</u> _____
				<u>Threaded</u> _____

Blank casing dia: 5 in. to 57 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface: 12 in., weight 1.5 lbs./ft. Wall thickness or gauge No. 200

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) <u>Styrene 200</u>
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	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	<u>9 Drilled holes</u>	
		7 Torch cut	10 Other (specify) _____	

Screen-Perforation Dia: 5 in. to 67 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 57 ft. to 67 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 47 ft. to 67 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 Bentonite	4 Other
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Grouted Intervals: From 0 ft. to 10 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 <u>Septic tank</u>	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
			13 Watertight sewer lines	

Direction from well: North How many feet: 75 ? Water Well Disinfected? Yes XX No _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No XX If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes XX No _____

If Yes: Pump Manufacturer's name: Berkeley Model No. 4BL-15 HP 1 Volts 230

Depth of Pump Intake: 42 ft. Pumps Capacity rated at 15 gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month 9 day 17 year 79

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 _____ month 10 day 8 year 1979 under the business name of Clarke Well & Equip., Inc. by (signature) Clarence W. Clarke

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	16	Fine Sand		
	16	61	Fine sand & gravel			
	61	67	Sand & gravel (fine to medium)			

ELEVATION Not Available

Depth(s) Groundwater Encountered 1... 25 ft. 2... 67 ft. 3... _____ ft. 4... _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.