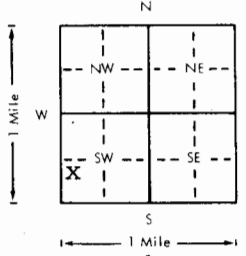


1 LOCATION OF WATER WELL		Fraction			Section Number		Township Number			Range Number		
County: <u>Stafford</u>		NW 1/4 SW 1/4 SW 1/4			16		T 21 S			R 14 E/W		
Distance and direction from nearest town or city? <u>3 north & 4 west of Seward, KS</u>					Street address of well if located within city?							
2 WATER WELL OWNER: <u>Elmer Smith</u>												
RR#, St. Address, Box # : <u>Route 1</u>												
City, State, ZIP Code : <u>Radium, KS 67571</u>												
Board of Agriculture, Division of Water Resources Application Number: <u>Not Required</u>												
3 DEPTH OF COMPLETED WELL: <u>84</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>84</u> ft., and _____ in. to _____ ft.												
Well Water to be used as:												
1 Domestic				3 Feedlot				5 Public water supply				8 Air conditioning
2 Irrigation				4 Industrial				6 Oil field water supply				9 Dewatering
				7 Lawn and garden only				10 Observation well				11 Injection well
												12 Other (Specify below)
Well's static water level: <u>28</u> ft. below land surface measured on <u>8</u> month <u>5</u> day <u>1980</u> year												
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm												
Est. Yield Not ck'd gpm: Well water was _____ ft. after _____ hours pumping _____ gpm												
4 TYPE OF BLANK CASING USED:												
1 Steel				3 RMP (SR)				5 Wrought iron				8 Concrete tile
2 PVC				4 ABS				6 Asbestos-Cement				9 Other (specify below)
								7 Fiberglass				Casing Joints: Glued ☒ Clamped _____
												Welded _____
												Threaded _____
Blank casing dia: <u>5</u> in. to <u>69</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.												
Casing height above land surface: <u>12</u> in., weight <u>1.5</u> lbs./ft. Wall thickness or gauge No. <u>200</u>												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
1 Steel				3 Stainless steel				5 Fiberglass				8 RMP (SR)
2 Brass				4 Galvanized steel				6 Concrete tile				9 ABS
												10 Asbestos-cement
												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
2 Louvered shutter				4 Key punched				6 Wire wrapped				9 Drilled holes
								7 Torch cut				11 None (open hole)
												10 Other (specify)
Screen-Perforation Dia: <u>5</u> in. to <u>84</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.												
Screen-Perforated Intervals: From <u>69</u> ft. to <u>84</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.												
Gravel Pack Intervals: From <u>57</u> ft. to <u>84</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.												
<u>Annular Fill</u> From <u>20</u> ft. to <u>57</u> ft., From <u>10</u> ft. to <u>16</u> ft.												
5 GROUT MATERIAL:												
1 Neat cement				2 Cement grout				3 Bentonite				4 Other
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From <u>16</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.												
What is the nearest source of possible contamination:												
1 Septic tank				4 Cess pool				7 Sewage lagoon				10 Fuel storage
2 Sewer lines				5 Seepage pit				8 Feed yard				11 Fertilizer storage
3 Lateral lines				6 Pit privy				9 Livestock pens				12 Insecticide storage
								13 Watertight sewer lines				14 Abandoned water well
												15 Oil well/Gas well
												16 Other (specify below)
Direction from well: <u>NE</u> How many feet: <u>120</u> ? Water Well Disinfected? Yes ☒ No _____												
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, date sample was submitted _____ month _____ day _____ year												
Pump Installed? Yes ☒ No _____												
If Yes: Pump Manufacturer's name: <u>Berkeley Pump Co</u> Model No. <u>4BL-12</u> HP <u>3/4</u> Volts <u>230</u>												
Depth of Pump Intake: <u>63</u> ft. Pumps Capacity rated at <u>12</u> 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 <u>8</u> month <u>5</u> day <u>1980</u> year												
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u>												
This Water Well Record was completed on <u>8</u> month <u>30</u> day <u>1980</u> year under the business name of <u>Clarke Well & Eq., Inc.</u> by (signature) <u>[Signature]</u>												
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG					
		0	1	Topsoil	60	74	Sand & gravel - Med.					
		1	15	Sandy brown clay	74	76	Yellow clay					
		15	27	Sand & sandy green clay	76	84	Sand & gravel, Med - fine					
		27	37	Very fine sand & gravel								
		37	41	Sand & gravel, Med. to fine	84		Black clay					
		41	44	Yellow clay								
		44	58	Sand & gravel med. to fine								
	58	59	Yellow clay									
	59	60	Sand & gravel Med. to fine									
ELEVATION: <u>Unknown</u>												
Depth(s) Groundwater Encountered 1. <u>28</u> ft. 2. _____ 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.												