

LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Stafford</u>	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>22</u>	<u>T</u> <u>22</u> <u>S</u>	<u>R</u> <u>11</u> <u>EW</u>

Distance and direction from nearest town or city street address of well if located within city?

7½ east 1 north of HudsonWATER WELL OWNER: Mustang DrillingRR#, St. Address, Box #: Box 1609City, State, ZIP Code: Great Bend, Ks. 67530

Board of Agriculture, Division of Water Resources

Application Number: T81-746

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

	N										
W	<table border="1"> <tr> <td>---</td> <td>NW</td> <td>---</td> </tr> <tr> <td>X</td> <td></td> <td></td> </tr> <tr> <td>---</td> <td>SW</td> <td>---</td> </tr> </table>	---	NW	---	X			---	SW	---	E
---	NW	---									
X											
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	S										

DEPTH OF COMPLETED WELL: 55 ft. ELEVATION:

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

WELL'S STATIC WATER LEVEL 10 ft. below land surface measured on mo/day/yr 10-26-81

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

Est. Yield NA gpm: Well water was .... ft. after .... hours pumping .... gpmBore Hole Diameter: 11 in. to 55 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 Observation well

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

TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

2 PVC 4 ABS

5 Wrought iron

6 Asbestos-Cement

7 Fiberglass

8 Concrete tile

9 Other (specify below)

CASING JOINTS: Glued X Clamped

Welded

Threaded

Blank casing diameter 5 in. to 25 ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.Casing height above land surface 18 in., weight .... lbs./ft. Wall thickness or gauge No. 258

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

2 Brass 4 Galvanized steel

5 Fiberglass

6 Concrete tile

7 PVC

8 RMP (SR)

9 ABS

10 Asbestos-cement

11 Other (specify) ....

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot

2 Louvered shutter 4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 Saw cut

9 Drilled holes

10 Other (specify) ....

11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 25 ft. to 55 ft., From .... ft. to .... ft.

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

GRAVEL PACK INTERVALS: From 10 ft. to 55 ft., From .... ft. to .... ft.

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

GROUT MATERIAL:

1 Neat cement

2 Cement grout

3 Bentonite

4 Other

Grout Intervals: From 0 ft. to 10 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

Direction from well?

North westHow many feet? 75

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Sandy top soil			
2	15	Sandy brown clay			
15	28	Sand and gravel			
28	39	White rock w/brown clay			
39	43	White rock, brown clay & sand and gravel			
43	55	Sand and gravel			

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) 10-26-81 and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/yr) 11-2-81Under the business name of Rosencrantz-Bemis Ent.by (signature) Lora Dodson

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

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END

SEC.

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SW 1/4

SW 1/4

SW 1/4

SW 1/4