

1 LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction: <u>NW</u> <u>1/4</u> <u>NW</u> <u>1/4</u> <u>NW</u> <u>1/4</u>		Section Number: <u>9</u>		Township Number: <u>T</u> <u>22</u> <u>S</u>		Range Number: <u>R</u> <u>11W</u> <u>E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>6 E, 4 N, 1/2 E of Hudson, Kansas</u>									
2 WATER WELL OWNER: <u>Stafford County Historical Society</u> RR#, St. Address, Box #: <u>100 S Main</u> City, State, ZIP Code: <u>Stafford, Kansas 67578</u> Board of Agriculture, Division of Water Resources Application Number: _____									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <u>31</u> ft. ELEVATION: <u>Unknown</u> Depth(s) Groundwater Encountered: <u>1</u> ft. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL: <u>1</u> ft. above below land surface measured on mo/day/yr <u>7/12/94</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>4 1/2</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <u>8</u> in. to <u>31</u> in. to _____ in. to _____ in. 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 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____						
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ Blank casing diameter: <u>5</u> in. to <u>21</u> in. Dia. _____ in. to _____ in. Dia. _____ in. to _____ in. Dia. _____ in. to _____ in. Dia. _____ Casing height above land surface: <u>12</u> in. weight: <u>2.8</u> lbs./ft. Wall thickness or gauge No. _____ Sch. <u>40</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 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 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 <u>21</u> ft. to <u>31</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>31</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ 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 <u>0</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____ 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage _____ in pasture _____ Direction from well? _____ How many feet? _____									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS <u>0</u> <u>21</u> <u>Top soil and clay</u> _____ _____ <u>21</u> <u>31</u> <u>Sand and gravel</u> _____ _____									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>7/12/94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>186</u> This Water Well Record was completed on (mo/day/yr) <u>7/15/94</u> under the business name of <u>Kelly's Water Well Service, Inc.</u> by (signature) <u>[Signature]</u>									
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.									