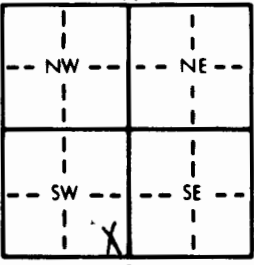


1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Stafford</u>		SE ¼ SE ¼ SW ¼		20		T 22 S		R 12 X E/W	
Distance and direction from nearest town or city street address of well if located within city? <u>½ mile north of Hudson, Ks.</u>									
2 WATER WELL OWNER: <u>Merle Teichmann</u>									
RR#, St. Address, Box #: <u>RR 3-Box 26</u>						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: <u>Hudson, Ks. 67545</u>						Application Number: <u>SFWW0665</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>107</u> ft. ELEVATION: _____							
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>17</u> ft. below land surface measured on mo/day/yr <u>6-3-97</u>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>na</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <u>9</u> in. to <u>107</u> ft., and _____ in. to _____ ft.							
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well							
<u>1 Domestic</u>		3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
<u>2 Irrigation</u>		4 Industrial 7 Lawn and garden only 10 Monitoring well							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes <u>hth</u> No _____									
5 TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped _____	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
				7 Fiberglass				Threaded _____	
Blank casing diameter <u>5</u> in. to <u>97</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.									
Casing height above land surface <u>2'</u> in., weight <u>SDR 26</u> lbs./ft. Wall thickness or gauge No. _____									
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>97</u> ft. to <u>107</u> ft., From _____ ft. to _____ ft.									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>107</u> ft. to <u>20</u> 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 <u>hole plug</u>									
Grout Intervals: From <u>3</u> ft. to <u>20</u> 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? <u>west</u> How many feet? <u>60</u>									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		3		Sandy top soil					
3		5		Brown clay					
5		15		Gray sticky clay					
15		26		Sandy gray & blue gray clay					
26		48		Brown sandy clay & fine sand					
48		55		Brown clay					
55		62		Brown & white clay & white rock					
62		65		Fine sand and sandy brown clay					
65		72		Fine sand brown & white clay mixed					
72		90		Sand and gravel fine to medium					
90		107		Sand and gravel loose, medium					
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) <u>6-11-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>6-17-97</u> under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>Fredia Dodson</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.									

OFFICE USE ONLY

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