

LOCATION OF WATER WELL:		Fraction	Township Number	Range Number
County: Stafford	NW ¼ NW ¼ SE ¼	Section Number 19	T 22 S	R 12 E
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 W., 1 1/2 N. of Hudson, KS.</u>				
WATER WELL OWNER: Robert Krankenberg		Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box # : RT.3		Application Number:		
City, State, ZIP Code : Hudson, Ks. 67545				
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	DEPTH OF COMPLETED WELL .66 ft. ELEVATION:			
	Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft. WELL'S STATIC WATER LEVEL ...1.3...ft. below land surface measured on mo/day/yrgpm Pump test data: Well water wasft. after hours pumping gpm Est. Yield gpm: Well water wasft. after hours pumping gpm Bore Hole Diameter....9....in. toft., and.....in. toft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well x 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 submitted			
TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR)				
x PVC 4 ABS				
Blank casing diameter5....in. to56....ft., Dia.....in. toft., Dia.....in. toft.				
Casing height above land surface....12....in., weight.....lbs./ft. Wall thickness or gauge No.				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel 3 Stainless steel 5 Fiberglass x PVC 10 Asbestos-cement				
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)				
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				
3 Torch cut 10 Other (specify)				
SCREEN-PERFORATED INTERVALS: From...56....ft. to ...66....ft., From.....ft. to.....ft.				
GRAVEL PACK INTERVALS: From...23....ft. to ...66....ft., From.....ft. to.....ft.				
GROUT MATERIAL: x Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout intervals: From...3....ft. to ...23....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)				
Direction from well?				
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG				
0 3 clay top soil.				
3 52 clay				
52 66 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) ..5-28-88... and this record is true to the best of my knowledge and belief. Kansas				
Water Well Contractor's License No. 462 This Water Well Record was completed on (mo/day/yr) 6--15-88				
under the business name of Sam's Water Well by (signature) Sam Ranken				
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.				