

LOCATION OF WATER WELL: County: Stafford	Fraction SW 1/4 NW 1/4 SE 1/4	Section Number 29	Township Number T 22 S	Range Number R 13W E/W
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Distance and direction from nearest town or city street address of well if located within city?

6 1/2 W of Hudson, Kansas

WATER WELL OWNER: Freddie Walls	Woodman & Iannitti	Walls A-4
RR#, St. Address, Box #: Route 1	1008 Douglas Bldg.	Board of Agriculture, Division of Water Resources
City, State, ZIP Code: St. John, Ks. 67576	Wichita, Ks. 67202	Application Number: Unknown

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>---</td> <td>SW</td> <td>X-SE</td> </tr> </table>	---	NW	---	---	SW	X-SE	E
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	S							

DEPTH OF COMPLETED WELL: **80** ft. ELEVATION: **Unknown**Depth(s) Groundwater Encountered **1. 25** ft. **2.** ft. **3.** ft.WELL'S STATIC WATER LEVEL **25** ft. below land surface measured on mo/day/yr **5/30/84**

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

Est. Yield **60** gpm: Well water was _____ ft. after _____ hours pumping _____ gpmBore Hole Diameter **8** in. to **80** 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**; If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes **No**

TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) WeldedBlank casing diameter **5** in. to **60** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.Casing height above land surface **12** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **Sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____

GREEN OR PERFORATION OPENINGS ARE: 6 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

GREEN-PERFORATED INTERVALS: From **60** ft. to **80** ft., From _____ ft. to _____ ft.

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

GRAVEL PACK INTERVALS: From **10** ft. to **80** 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)

Direction from well? **South** How many feet? **60**

FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG

0 40 Clay**40 80 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) **5/30/84** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **186** This Water Well Record was completed on (mo/day/yr) **6/13/84**Under the business name of **Kellys Water Well Service** by (signature) *[Signature]*

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.