

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Stafford		$\frac{1}{4}$ cnw $\frac{1}{4}$ SW $\frac{1}{4}$	32	T 23 S	R 11w E/W
Distance and direction from nearest town or city? 2 1/2 n 2e Stafford, Ks.			Street address of well if located within city?		

2 WATER WELL OWNER: Allen Drlg Co		Board of Agriculture, Division of Water Resources Application Number: unknown
RR#, St. Address, Box # : 1926 Main		
City, State, ZIP Code : Great Bend, Ks. 67530		

3 DEPTH OF COMPLETED WELL: 105 ft. Bore Hole Diameter: 8 in. to 105 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
Well's static water level: 33 ft. below land surface measured on _____	12 month 16 day 78 year
Pump Test Data	Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield 65 gpm	Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: <u>Glued</u> _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 <u>PVC</u>	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia 5 in. to 85 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	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
Screen or Perforation Openings Are:		5 Gauzed wrapped	8 <u>Saw cut</u>	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) _____	
Screen-Perforation Dia 5 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				
Screen-Perforated Intervals:	From 85 ft. to 105 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
Gravel Pack Intervals:	From 10 ft. to 105 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

5 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other _____
Grouted 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 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well	
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 <u>Oil well/Gas well</u>	
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below) _____	
Direction from well se How many feet 70 ?		Water Well Disinfected? Yes _____ No _____			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____		If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____			
If Yes: Pump Manufacturer's name _____		Model No. _____		HP _____ Volts _____	
Depth of Pump Intake _____ ft.		Pumps Capacity rated at _____ gal./min.			
Type of pump:		1 Submersible	2 Turbine	3 Jet	4 Centrifugal
		5 Reciprocating	6 Other		

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month 16 day 78 year 186	
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 _____ month 22 day 80 year _____ under the business name of Kellys Waterwell Serv. by (signature) <i>Kelly Price</i>	

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	35	Top Soil-Clay			
	35	80	Sand-Clay			
	85	105	Sand-Gravel			

ELEVATION: unknown	Depth(s) Groundwater Encountered 1. 35 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft.	(Use a second sheet if needed)
---------------------------	---	--------------------------------

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.