

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: <u>Stafford</u>		<u>SW</u> 1/4 <u>SE</u> 1/4 <u>SW</u> 1/4	<u>25</u>		<u>T</u> <u>23</u> <u>S</u>		<u>R</u> <u>12</u> <u>E/W</u>	
Distance and direction from nearest town or city street address of well if located within city?								
<u>3 1/2 north of Stafford, Ks.</u>								
2 WATER WELL OWNER: <u>Merle Fritzmeier</u>		Board of Agriculture, Division of Water Resources						
RR#, St. Address, Box # : <u>Rt. 3-Box 15</u>		Application Number: <u>14,774</u>						
City, State, ZIP Code : <u>Stafford, Ks. 67576</u>								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>70</u> ft. ELEVATION:						
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.						
		WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr <u>7-16-98</u>						
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm						
		Est. Yield <u>800</u> gpm: Well water was <u>40 1/2</u> ft. after <u>3</u> hours pumping <u>700</u> gpm						
		Bore Hole Diameter <u>28</u> in. to _____ 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 <u>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 _____ No <u>X</u>						
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____						
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded _____						
2 PVC 4 ABS		7 Fiberglass _____ Threaded _____						
Blank casing diameter <u>16</u> in. to <u>40</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.								
Casing height above land surface <u>12</u> in., weight <u>SDR 32.5</u> lbs./ft. Wall thickness or gauge No. _____								
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement						
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:		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) _____								
SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>70</u> ft., From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From <u>70</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____								
Grout Intervals: From <u>20</u> ft. to <u>0</u> 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 <u>old irrigation well</u>								
Direction from well? <u>south</u>		How many feet? <u>30'</u>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	3	Top soil						
3	13	Gray clay						
13	25	Brown sandy clay						
25	48	Medium sand						
48	54	Brown & white clay						
54	60	Sand w/ streaks of clay						
60	70	Sand 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>7-20-98</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>7-23-98</u> under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>Indie Rodson</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.								