

1) LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction <u>NE 1/4</u>		Section Number <u>12</u>		Township Number <u>23</u>		Range Number <u>12W E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>6 1/2 N of Stafford, Kansas</u>									
2) WATER WELL OWNER: <u>Fred Brinkman</u>		<u>Duke Drilling</u>		<u>Brinkman No. 1</u>		<u>783-612</u>			
RR#, St. Address, Box # : <u>Stafford, Ks. Box 823</u>		<u>Great Bend, Kansas 67530</u>		<u>Board of Agriculture, Division of Water Resources</u>		<u>Unknown</u>			
City, State, ZIP Code : <u>67578</u>				<u>Application Number:</u>		<u>Unknown</u>			
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>60</u> ft. ELEVATION: <u>Unknown</u>							
		Depth(s) Groundwater Encountered 1. <u>17</u> ft. 2. <u>11/10/83</u> ft. 3. <u>11/10/83</u> ft.							
		WELL'S STATIC WATER LEVEL <u>17</u> ft. below land surface measured on mo/day/yr							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>60</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <u>8</u> in. to <u>60</u> 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 <u>Oil field water supply</u> 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 submitted _____							
		Water Well Disinfected? Yes _____ No _____							
5) 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 diameter <u>5</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>2.8</u> lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <u>PVC</u> 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:		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-PERFORATED INTERVALS: From <u>40</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.		From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.		From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
6) GROUT MATERIAL: 1 <u>Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____		Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ 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 <u>Oil well/Gas well</u>		2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____							
3 Watertight sewer lines 6 <u>Seepage pit</u> 9 Feedyard 13 Insecticide storage 60 _____		Direction from well? _____ How many feet? <u>60</u>							
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG				
0	10 <u>01</u>	Clay							
10	23 <u>07</u>	Fine Sand							
23	60 <u>17</u>	Sand and Gravel							
7) 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 (mo/day/year) <u>11/10/83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>186</u> This Water Well Record was completed on (mo/day/yr) <u>12/30/83</u> under the business name of <u>Kellys Water Well Service</u> by (signature) <u>Kellys Water Well Service</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									