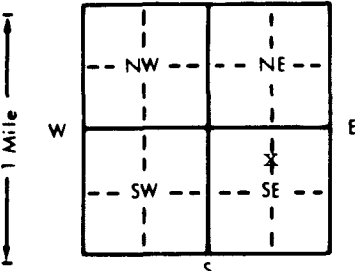


1 LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction <u>NC 1/4 N 1/2 1/4 SE 1/4</u>	Section Number <u>20</u>	Township Number <u>T 23 S</u>	Range Number <u>R 14 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 4 1/2 miles north of Dillwyn</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<u>Roger Murphy</u> <u>Route 5 - Box 150</u> <u>Great Bend, KS 67530</u>		Board of Agriculture, Division of Water Resources Application Number: <u>27,419</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>159</u> ft. ELEVATION: <u>unknown</u> Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on <u>mo/day/yr</u> <u>1-15-99</u> Pump test data: Well water was <u>not ch'd</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>24</u> in. to <u>160</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 Oil field water supply 9 Dewatering 12 Other (Specify below) <u>2 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: 1 Steel 2 PVC Blank casing diameter <u>16</u> in. to <u>53</u> ft. Dia <u>16</u> in. to <u>133</u> ft. Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in. weight <u>36.87</u> lbs./ft. Wall thickness or gauge No. <u>.219</u>		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 6 Asbestos-Cement 9 Other (specify below) Welded <u>X</u> _____ 7 Fiberglass Threaded _____ 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: 5 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) <u>Bridge Slot</u> SCREEN-PERFORATED INTERVALS: From <u>53</u> ft. to <u>69</u> ft. From _____ ft. to _____ ft. From <u>138</u> ft. to <u>158</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>160</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>24</u> 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) 13 Insecticide storage _____ None known _____ Direction from well? _____ How many feet? _____		FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 2 Topsoil 2 15 Clay, sandy 15 26 Sand and gravel, fine 26 35 Clay, brown 35 70 Sand and gravel, fine, medium, coarse 70 136 Clay, tan 136 158 Sand and gravel, very fine, fine, medium 158 160 Clay, black			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>1-15-99</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/yr) <u>1-18-99</u> under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</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.					