

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number					
County: <u>Stafford</u>		<u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$		<u>4</u>		<u>T</u> <u>23</u> <u>S</u>		<u>14</u> <u>W</u> <u>40</u> <u>E/W</u>					
Distance and direction from nearest town or city? <u>0.5 S, 1 1/2 E of Radium, Kansas</u>				Street address of well if located within city?									
2 WATER WELL OWNER:		<u>Roco Drilling Company</u>											
RR#, St. Address, Box # :		<u>1819 11th Street</u>											
City, State, ZIP Code :		<u>Great Bend, Kansas 67530</u>											
		Board of Agriculture, Division of Water Resources Application Number: <u>Unknown</u>											
3 DEPTH OF COMPLETED WELL		<u>80</u> ft. Bore Hole Diameter <u>8</u> in. to <u>80</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											
Well's static water level <u>23</u> ft. below land surface measured on <u>1</u> month <u>28</u> day <u>1981</u> year													
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													
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 <u>5</u> in. to <u>60</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-Perforation Dia <u>5</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.													
Screen-Perforated Intervals: From <u>60</u> ft. to <u>80</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.													
Gravel Pack Intervals: From <u>10</u> ft. to <u>80</u> 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 <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 Fuel storage 14 Abandoned water well 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 <u>Oil well/Gas well</u> 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) _____ 3 Lateral lines 6 Pit privy 9 Livestock pens											
Direction from well <u>East</u> How many feet <u>60</u> ? Water Well Disinfected? Yes <u>No</u>													
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> If yes, date sample _____													
was submitted _____ month _____ day _____ year: Pump installed? Yes <u>No</u>													
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 <u>28</u> day <u>1981</u> year <u>186</u>													
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____													
This Water Well Record was completed on _____ month <u>9</u> day <u>1981</u> year under the business name of <u>Kellys Water Well Service</u> by (signature) <u>Kelly Price</u>													
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0		48		Clay							
		48		80		Sand and Gravel							
ELEVATION: <u>Unknown</u>													
Depth(s) Groundwater Encountered <u>1</u> <u>23</u> ft. <u>2</u> ft. <u>3</u> ft. <u>4</u> 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.

OFFICE USE ONLY

T

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F

14

E/W

SEC.

4

NE 1/4

SE 1/4

SW 1/4

NW 1/4