

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Stafford</u>		<u>NW 1/4 NE 1/4 NW 1/4</u>		<u>21</u>		T <u>24</u> S		R <u>11</u> E <u>W</u>			
Distance and direction from nearest town or city street address of well if located within city? <u>2 1/2 mile East of Stafford</u>											
2 WATER WELL OWNER: <u>Garland Hardnet</u>											
RR#, St. Address, Box #: <u>Rt 1</u>						Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: <u>Stafford, KS 67581</u>						Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL		ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. <u>61'</u> ft. 2. _____ ft. 3. _____ ft.		WELL'S STATIC WATER LEVEL <u>32</u> ft. below land surface measured on mo/day/yr							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Est. Yield <u>14</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm									
		Bore Hole Diameter <u>10</u> in. to <u>TP (71)</u> and _____ in. to _____ ft.									
WELL WATER TO BE USED AS:											
<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)											
<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well											
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> If yes, mo/day/yr sample was submitted											
Water Well Disinfected? Yes _____ No _____											
5 TYPE OF BLANK CASING USED:											
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped											
<input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> Welded											
<input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> Threaded											
Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.											
Casing height above land surface <u>184</u> in., weight <u>160#</u> lbs./ft. Wall thickness or gauge No. <u>34"</u>											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement											
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify)											
<input type="checkbox"/> 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
<input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)											
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes											
<input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)											
SCREEN-PERFORATED INTERVALS: From <u>51</u> ft. to <u>71</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <u>20'</u> ft. to <u>71'</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other											
Grout Intervals: From <u>Surface</u> ft. to <u>181</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
What is the nearest source of possible contamination:											
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well											
<input type="checkbox"/> 2 Sewer lines <input checked="" type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well											
<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)											
<input type="checkbox"/> 13 Insecticide storage											
Direction from well? <u>North</u> How many feet? <u>300'</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
Surface		30'		Top soil							
30'		61'		Clay							
61'		71'		Water 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>Aug 91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>un known</u> This Water Well Record was completed on (mo/day/yr) <u>11/27/93</u> under the business name of <u>A.S. Roberts Drilling</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											