

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>STAFFORD</u>		<u>SE 1/4</u> <u>SE 1/4</u> <u>SE 1/4</u>	<u>24</u>	<u>T 24</u> <u>S</u>	<u>R 11</u> <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>CITY</u>					
2 WATER WELL OWNER: <u>RICHARD HENDERSON</u>					
RR#, St. Address, Box # : <u>RT. 2 BOX 6</u> Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <u>STAFFORD, KS. 67578</u> Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>85</u> ft. ELEVATION: _____			
1 Mile		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>3.7</u> ft. below land surface measured on mo/day/yr _____			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to _____ ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well			
☒ Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes ☒ No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel! 3 RMP (SR)		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued ☒ Clamped _____	
☒ PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____	
		7 Fiberglass		Threaded _____	
Blank casing diameter <u>5</u> in. to <u>7.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass		☒ 7 PVC 10 Asbestos-cement			
2 Brass 4 Galvanized steel 6 Concrete tile		8 RMP (SR) 11 Other (specify) _____			
		9 ABS 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
2 Louvered shutter 4 Key punched		6 Wire wrapped 9 Drilled holes			
		7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>7.5</u> ft. to <u>8.5</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>2.3</u> ft. to <u>8.5</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>3</u> ft. to <u>2.3</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 <u>NONE</u>			
Direction from well? _____ How many feet? _____					
FROM TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS	
0 3		TOP SOIL			
3 55		CLAY			
55 65		FINE SAND			
65 72		CLAY			
72 85		GRAVEL			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-4-94</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>462</u> This Water Well Record was completed on (mo/day/yr) <u>6-19-94</u>					
under the business name of <u>SAMS WATER WELL SERVICE</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.					

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