

1. LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County:	Stafford	SW	$\frac{1}{4}$	SE	$\frac{1}{4}$	13	T 24 S	R 12 E	W
Distance and direction from nearest town or city street address of well if located within city?									

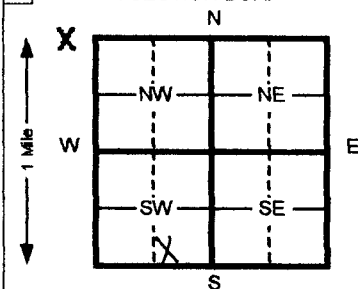
2 WATER WELL OWNER: **Frank Roush**
RR#, St. Address, Box # : **PO Box 51**
City, State, ZIP Code : **Murdoch, KS 67111**

U1-093-11661
MW-10 Handi-Serv

Board of Agriculture, Division of Water Resources
Application Number:

3	LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:
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4 DEPTH OF COMPLETED WELL 22 ft. ELEVATION:



Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **na** 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 **8** in. to **22** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes _____ No **X**

5	TYPE OF BLANK CASING USED:
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1 Steel	3 RMP (SR)
2 PVC	4 ABS

5 Wrought Iron	8 Concrete tile
6 Asbestos-Cement	9 Other (specify below)
7 Fiberglass	

CASING JOINTS: Glued _____ Clamped _____
Welded _____
Threaded **X**

Blank casing diameter	2	in. to	12	ft., Dia	in. to	ft., Dia	in. to	ft.
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Casing height above land surface	0	in., weight	.716	lbs./ft. Wall thickness or gauge No.	.154
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TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel
2 Brass	4 Galvanized steel

5	Fiberglass	8	RMP (SR)
6	Concrete tile	9	ABS

7 <u>PVC</u>	10 Asbestos-cement
8 RMP (SR)	11 Other (specify) _____
9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot
2 Louvered shutter	4 Key punched

5 Gauzed wrapped
6 Wire wrapped
7 Torch cut

8 Saw cut 11 None (open hole)
9 Drilled holes
10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **12** ft. to **22** ft. From _____ ft. to _____ ft.

From	ft. to	ft. From	ft. to	ft.

From **10** ft. to **22** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 10 ft to 22 ft. From _____ ft to _____ ft.
From _____ ft to _____ ft. From _____ ft to _____ ft.

From	ft. to	ft. From	ft. to	ft.

6	GROUT MATERIAL:
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1 Neat cement	2 Cement grout	3 Bentonite	4 Other
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Grout Intervals	From	0	ft. to	2	ft. From	2	ft. to	10	ft. From		ft. to		ft.
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What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines
2 Sewer lines	5 Cess pool
3 Watertight sewer lines	6 Seepage pit

10 Livestock pens	14 Abandoned water well
11 Fuel storage	15 Oil well/ Gas well
12 Fertilizer storage	16 Other (specify below)
13 Insecticide storage	Contaminated Site

Direction from well?

How many feet?

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was

completed on (mo/day/yr) **08/07/02** and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **10/04/02**

under the business name of **Woofter Pump & Well, Inc.** by (signature) *James L. Woofter*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.