

1 LOCATION OF WATER WELL: County: <u>Stafford</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ <u>Approximately 4 miles east of St. John</u>		Fraction <u>1/4 SE 1/4 SW 1/4 NE 1/4</u>		Section Number <u>6</u>		Township No. <u>T 24 S</u>		Range Number <u>R 12</u> ☐ E ☒ W			
2 WATER WELL OWNER: <u>Doug Nord</u> RR#, Street Address, Box #: <u>855 K19 Hwy S</u> City, State, ZIP Code : <u>Larned, KS 67550-5220</u>				Global Positioning System (GPS) information: Latitude: <u>37.991714</u> (in decimal degrees) Longitude: <u>-98.679202</u> (in decimal degrees) Elevation: <u>unknown</u> Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27 Collection Method: ☒ GPS unit (Make/Model: <u>WAAS</u>) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m							
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N --NW-- --NE-- W E --SW-- --SE-- S [-----] mile [-----]		4 DEPTH OF COMPLETED WELL <u>108</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>16.48</u> ft. below land surface measured on mo/day/yr <u>2/17/11</u> Pump test data: Well water was <u>not checked</u> ft. after _____ hours pumping _____ gpm EST. YIELD <u>unknown</u> gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>9</u> in. to <u>110</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☒ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No If yes, mo/day/yr sample was submitted _____ Water well disinfected? ☒ Yes ☐ No									
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____ CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded Casing diameter <u>5</u> in. to <u>76.5</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>18</u> in., Weight <u>2.36</u> lbs./ft., Wall thickness or gauge No. <u>.214</u> TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____ ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>76.5</u> ft. to <u>106.5</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>22</u> ft. to <u>110</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____ Grout Intervals: From _____ ft. to _____ ft., From <u>0</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well None known Direction from well _____ Distance from well _____											
FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHO. LOG (cont.) or PLUGGING INTERVALS	
0		5		Topsoil, sandy		72		77		Clay, tan, gray with caliche	
5		11		Clay, brown, sandy		77		106		Sand, gravel, fine to medium	
11		17		Clay, greenish gray		106		110		Clay, gray, yellow	
17		27		Clay, tan, green, sandy							
27		31		Sand, gravel, fine to medium							
31		37		Sand, gravel, with clay streaks, tan							
37		42		Sand, gravel, fine to coarse							
42		63		Clay, gray							
63		70		Clay, brown with sand streaks							
70		72		Sand, gravel, fine to medium							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) <u>2/17/11</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/year) <u>2/21/11</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 and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .											