

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: STAFFORD		NE 1/4 NE 1/4 NE 1/4	14	T 24 S	R 12 EW
Distance and direction from nearest town or city street address of well if located within city?					
325 N.MENZER					
2) WATER WELL OWNER: RICHARD HERNANDEZ					
RR#, St. Address, Box # : 325 N.MENZER Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : STAFFORD, KS. 67578 Application Number:					
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL... 84... ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1... ft. 2... ft. 3... ft.			
		WELL'S STATIC WATER LEVEL ... 25... 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 ... 9... in. to ... ft., and ... in. to ... ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		XX 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... X...; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes X No			
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued... X... Clamped
XX2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
			7 Fiberglass		Threaded
Blank casing diameter ... 5... in. to ... 7.4... ft., Dia ... in. to ... ft., Dia ... in. to ... ft.					
Casing height above land surface ... 18... in., weight ... lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
					12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		XX 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 ... 7.4... ft. to ... 8.4... ft., From ... ft. to ... ft.					
GRAVEL PACK INTERVALS: From ... 23... ft. to ... 8.4... ft., From ... ft. to ... ft.					
6) GROUT MATERIAL: 1 Neat cement 2 Cement grout XX Bentonite 4 Other					
Grout Intervals: From ... 3... ft. to ... 23... 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	NONE
Direction from well? How many feet?					
LITHOLOGIC LOG					
FROM	TO	LITHOLOGIC LOG			
0	3	TOP SOIL			
3	65	SAND & CLAY STREAKS			
65	80	GRAVEL			
PLUGGING INTERVALS					
FROM	TO	PLUGGING INTERVALS			
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was XX constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 1-23-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 462-8 This Water Well Record was completed on (mo/day/yr) 1-2-93 under the business name of SAM'S WATER WELL SERVICE by (signature) [Signature]					
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					