

1 LOCATION OF WATER WELL:

County: **Stafford**

Fraction

NE $\frac{1}{4}$ **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$

Section Number

14

Township Number

24

Range Number

12

Distance and direction from nearest town or city street address of well if located within city?

Main Street

2 WATER WELL OWNER:

RR#, St. Address, Box #

400 South Main

City, State, ZIP Code

Stafford, Ks.

Board of Agriculture, Division of Water Resources

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

1 Mile

N

NW

NE

SW

SE

W

E

S

4 DEPTH OF COMPLETED WELL: **30** ft. ELEVATION: **NA**

Depth(s) Groundwater Encountered

1. **25** ft. 2. ft. 3. **12-16-93** ft.

WELL'S STATIC WATER LEVEL

14.47 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

7 5/8 in. to **30** ft., and in. to ft.

WELL WATER TO BE USED AS:

5 Public water supply

8 Air conditioning

11 Injection well

1 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 No **X**

5 TYPE OF BLANK CASING USED:

1 Steel

3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

2 PVC

4 ABS

7 Fiberglass

CASING JOINTS: Glued Clamped

Welded **X**

Threaded

Blank casing diameter

2 in. to **13.6** ft. Dia in. to ft. Dia in. to sch. **40** ft.

Casing height above land surface

0 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)

11 Other (specify)

2 Brass

4 Galvanized steel

6 Concrete tile

9 ABS

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

5 Gauzed wrapped

8 Saw cut

11 None (open hole)

1 Continuous slot

3 Mill slot

6 Wire wrapped

9 Drilled holes

2 Louvered shutter

4 Key punched

7 Torch cut

10 Other (specify)

SCREEN-PERFORATED INTERVALS:

From **13.6** ft. to **28.6** ft. From ft. to ft.

GRAVEL PACK INTERVALS:

From **13.0** ft. to **30** ft. From ft. to ft.

6 GROUT MATERIAL:

1 Neat cement

2 Cement grout

3 Bentonite

4 Other

Grout Intervals: From **0** ft. to **13** ft. From **11** ft. to **13** ft. From ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank

4 Lateral lines

7 Pit privy

11 Fuel storage

14 Abandoned water well

2 Sewer lines

5 Cess pool

8 Sewage lagoon

12 Fertilizer storage

15 Oil well/Gas well

3 Watertight sewer lines

6 Seepage pit

9 Feedyard

13 Insecticide storage

16 Other (specify below)

Direction from well? **west**

How many feet? **2**

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 1' cly, dk-med brn, v slty, org rich

1 5' snd, vf-f grnd, v slty, mod clyey

5 8 cly, med brn, v slty

8 12 cly, lt gry, v slty, tr of lms, grvl szd

12 16 cly, med brn, v slty, tr of lms, grvl szd

16 30 snd, mod clyey, v f-f grnd, v slty, lt gry-brn

LMW1-flush mount cover

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/year) **11-22-93** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **03-16-94** under the business name of **GeoCore Services, Inc.** by (signature) **Dae Bob**

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.