

CURTIS B

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: STAFFORD	SW 1/4 NE 1/4 SE 1/4	28	T 24 S	R 13 E

Distance and direction from nearest town or city? **ST JOHN 4.5 WESTSIDE**

Street address of well if located within city?

2 WATER WELL OWNER: **EMPHASIS OIL OPERATIONS**

RR #, St. Address, Box #: **506**

City, State, ZIP Code: **RUSSELL KS 67669**

Board of Agriculture, Division of Water Resources
Application Number: **T 81-166**

3 DEPTH OF COMPLETED WELL: **90** ft. Bore Hole Diameter: **6 3/4** in. to **90** 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
2 Irrigation	4 Industrial	9 Dewatering
7 Lawn and garden only	10 Observation well	12 Other (Specify below)

Well's static water level: **25'** ft. below land surface measured on **Mar** month **22** day **1981** year

Pump Test Data: **NONE** Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued X Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing dia: **4 1/2** in. to **70** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface: **12** in., weight **1.832** lbs./ft. Wall thickness or gauge No. **190**

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: **1/8**

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-Perforation Dia: **4 1/2** in. to **90** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From **70** ft. to **90** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Gravel Pack Intervals: From **60** ft. to **90** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 Bentonite	4 Other
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Grouted Intervals: From **0** ft. to **10** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination: **NONE**

1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
			13 Watertight sewer lines	

Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No **X**

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, date sample submitted _____ month _____ day _____ year

Pump Installed? Yes _____ No **X**

If Yes: Pump Manufacturer's name _____ Model _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pump Capacity _____ gal./min.

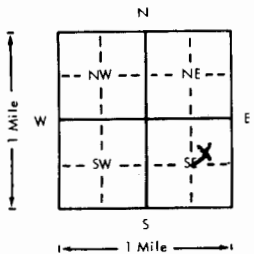
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) completed (2) reconstructed for (3) plugged under my jurisdiction and was completed on **Mar** month **22** day **1981** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **389**

This Water Well Record was completed on **Apr** month **7** day **1981** year under the business name of **REISEN WATER WELL SERVICE INC** by (signature) **Rudolph Reisen**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	8	SANDY SOIL			
	8	35	SANDY CLAY			
	35	43	GRAVEL			
	43	65	CLAY			
	65	70	SAND			
	70	90	GRAVEL			



ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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R
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EWD
SEC.
PR
SW 1/4 NE 1/4 SE 1/4