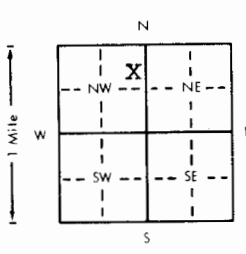


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Stafford</u>		<u>se</u> $\frac{1}{4}$ <u>ne</u> $\frac{1}{4}$ <u>nw</u> $\frac{1}{4}$	<u>33</u>	<u>T</u> <u>24</u> <u>S</u>	<u>R</u> <u>13</u> <u>W</u> <u>E/W</u>
Distance and direction from nearest town or city? <u>4 $\frac{1}{2}$ S $\frac{1}{2}$ W St. John, Ks.</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>Woodman-Iannitti Drlg Co</u> RR#, St. Address, Box #: <u>1008 Douglas Bldg</u> City, State, ZIP Code: <u>Wichita, Ks. 67202</u> Board of Agriculture, Division of Water Resources Application Number: <u>unknown</u>					
3 DEPTH OF COMPLETED WELL: <u>80</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>80</u> ft. and _____ in. to _____ ft. Well Water to be used as: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only 10 Observation well Well's static water level: <u>25</u> ft. below land surface measured on _____ month _____ day _____ year Pump Test Data: _____ Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield: <u>80</u> 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: <u>Glued</u> _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded _____ Blank casing dia: <u>5</u> in. to <u>60</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface: <u>12</u> in. weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>sch 40</u> 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 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 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: <u>5</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Screen-Perforated Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. Gravel Pack Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____ Grouted Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 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 <u>Oil well/Gas well</u> 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) Direction from well: <u>se</u> How many feet: <u>100</u> ? Water Well Disinfected? <u>Yes</u> _____ No _____ Was a chemical/bacteriological sample submitted to Department? <u>Yes</u> _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? <u>Yes</u> _____ No _____ If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____ Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>186</u> This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Kellys Waterwell Serv.</u> by (signature) <u>Kelly Price</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG <u>0</u> <u>35</u> <u>Top Soil-Clay</u> _____ _____ <u>35</u> <u>80</u> <u>Sand-Gravel</u> _____ _____ ELEVATION: <u>unknown</u>					
Depth(s) Groundwater Encountered 1. <u>35</u> 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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EW

SEC.

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