

1 LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction <u>NW 1/4 NW 1/4 SW 1/4</u>		Section Number <u>20</u>	Township Number <u>T 24 S</u>	Range Number <u>R 14 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 3/4 East, 3/4 South of Stafford, Ks.</u>						
2 WATER WELL OWNER: <u>Freda Ulsh Dillwyn</u>		Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box # : <u>Rt. 1</u>		Application Number: <u>SFWW0662</u>				
City, State, ZIP Code : <u>Macksville, Ks. 67557</u>						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION: _____				
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL <u>28</u> ft. below land surface measured on mo/day/yr <u>5-20-97</u>				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield <u>na</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Bore Hole Diameter <u>9 7/8</u> to <u>80</u> ft., and _____ in. to _____ ft.				
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
		<u>1</u> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
		<u>2</u> Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____				
		Water Well Disinfected? Yes <u>hth</u> No _____				
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped _____				
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile				
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below) Welded _____				
Blank casing diameter <u>5</u> in. to <u>60</u> ft., Dia _____ in. to _____ ft.		7 Fiberglass Threaded _____				
Casing height above land surface <u>2'</u> in., weight <u>SDR26</u> lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement				
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:		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 <u>60</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>80</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>hole plug</u>						
Grout Intervals: From <u>20</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well				
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) <u>house</u>						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage						
Direction from well? <u>north</u>		How many feet? <u>60</u>				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	3	Sandy top soil				
3	10	Dark brown clay				
10	25	Brown clay				
25	46	Sandy brown & white clay				
46	57	Sand and gravel loose & clean				
57	60	Blue green sandy clay				
60	80	Sand and gravel clean, coarse, loose				
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) <u>6-2-97</u> and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>6-4-97</u>						
under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>Freda Rodson</u>						
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.						