

1 LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$		Section Number <u>26</u>	Township Number <u>T 24</u> S	Range Number <u>R 15W</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>2 S, 1 1/2 E of Macksville, Kansas</u>						
2 WATER WELL OWNER: <u>Duane Hogan</u> RR#, St. Address, Box # : <u>Route 1</u> City, State, ZIP Code : <u>Macksville, Ks. 67557</u>				Board of Agriculture, Division of Water Resources Application Number: <u>None</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>69</u> ft. ELEVATION: <u>Unknown</u>				
A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, SE. An 'X' is marked in the SE quadrant.		Depth(s) Groundwater Encountered 1. <u>24</u> ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL <u>24</u> ft. below land surface measured on mo/day/yr <u>7/20/83</u>				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield <u>60</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Bore Hole Diameter <u>.8</u> in. to <u>.69</u> in. to _____ in. to _____ in.				
		WELL WATER TO BE USED AS: 1 <u>Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well				
		Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <u>Yes</u> No				
5 TYPE OF BLANK CASING USED:		CASING JOINTS: <u>Glued</u> Clamped _____				
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded _____				
2 <u>PVC</u> 4 ABS		7 Fiberglass Threaded _____				
Blank casing diameter <u>5</u> in. to <u>4.9</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:		7 <u>PVC</u> 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 <u>Saw cut</u> 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>4.9</u> ft. to <u>6.9</u> ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>6.9</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____						
Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well				
1 <u>Septic tank</u> 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)						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage						
Direction from well? <u>South</u>		How many feet? <u>100</u>				
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
0	20	Clay				
20	47	Sandy Clay				
47	69	Sand and Gravel				
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>7/20/83</u> 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 (mo/day/yr) <u>9/6/83</u> under the business name of <u>Kellys Water Well Service</u> by (signature) <u>[Signature]</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.						