

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number					
County: <u>Stafford</u>		SW 1/4 SE 1/4 NW 1/4		30		T 29 S		R 12W E/W					
Distance and direction from nearest town or city? <u>7 S, 4 W of Stafford, Kansas</u>					Street address of well if located within city?								
2 WATER WELL OWNER: <u>Union Drilling Company</u>					Board of Agriculture, Division of Water Resources								
RR#, St. Address, Box #: <u>422 Union Center</u>					Application Number: <u>Unknown</u>								
City, State, ZIP Code: <u>Wichita, Kansas 67202</u>													
3 DEPTH OF COMPLETED WELL: <u>95</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>95</u> 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 Observation well								
Well's static water level: <u>30</u> ft. below land surface measured on _____					_____ 11 month _____ 5 day _____ 1980 year								
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								
4 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 PVC 4 ABS 7 Fiberglass _____ Threaded _____													
Blank casing dia: <u>5</u> in. to <u>75</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 PVC 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:					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-Perforation Dia: <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Screen-Perforated Intervals: From <u>75</u> ft. to <u>95</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.													
Gravel Pack Intervals: From <u>10</u> ft. to <u>95</u> 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 <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 Fuel storage 14 Abandoned water well								
1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 <u>Oil well/Gas well</u>													
2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) _____													
3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines													
Direction from well: <u>West</u> How many feet: <u>60</u> ? Water Well Disinfected? Yes _____ No _____													
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ 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) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ 11 month _____ 5 day _____ 1980 year													
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ 186													
This Water Well Record was completed on _____ 12 month _____ 15 day _____ 1980 year under the business name of <u>Kellys Water Well Service</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	
		0		30		Clay							
		30		60		Gravel							
		60		65		Clay							
		65		90		Sand and Gravel							
ELEVATION: <u>Unknown</u>													
Depth(s) Groundwater Encountered 1. <u>30</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.													