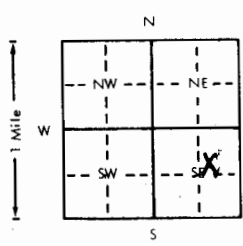


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>STAFFORD</u>		<u>SW 1/4 NE 1/4 SE 1/4</u>	<u>26</u>	<u>T 25 S</u>	<u>R 13 EW</u>
Distance and direction from nearest town or city? <u>ST-JOHN 10 1/2 S 2 E 1/2 N WESTSIDE</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>HUSNY DRILLING CO.</u> RR#, St. Address, Box #: <u>200 E. FIRST, SUITE 500</u> City, State, ZIP Code: <u>WICHITA, KS 67202</u>			Board of Agriculture, Division of Water Resources Application Number:		
3 DEPTH OF COMPLETED WELL: <u>90'</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>90</u> ft., and _____ in. to _____ ft.					
Well Water to be used as: 1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)					
Well's static water level <u>15</u> ft. below land surface measured on <u>June</u> month <u>17</u> day <u>1980</u> year					
Pump Test Data <u>NONE</u> : 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 <u>XX</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>70</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight <u>236.8</u> lbs./ft. Wall thickness or gauge No <u>214</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: <u>1/8</u> 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 <u>90</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>70</u> ft. to <u>90</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals: From <u>65</u> ft. to <u>90</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: <u>NONE</u> 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 <u>✓</u>					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> If yes, date sample _____					
was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>✓</u>					
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 <u>June</u> month <u>17</u> day <u>1980</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>389</u>					
This Water Well Record was completed on <u>June</u> month <u>27</u> day <u>1980</u> year under the business name of <u>MYERS WATER WELL SERVICE</u> by (signature) <u>Rudolph J. Reiser</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 					
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.					