

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Stafford	NE 1/4 SE 1/4 SE 1/4	31	T 25 S	R 13 EW

Distance and direction from nearest town or city? _____ Street address of well if located within city? _____

2 WATER WELL OWNER: **Kansas Geological Survey/Groundwater Management District #5**
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **St. John, Kansas 67576** Application Number: _____

3 DEPTH OF COMPLETED WELL: **51** ft. Bore Hole Diameter: **5** in. to **51** 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 **10 Observation well** **12 Other (Specify below)**
Research
 Well's static water level: **24.6** ft. below land surface measured on **Jan.** month **5** day **83** year
 Pump Test Data: 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** Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: **5** in. to **51** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **24** in., weight _____ lbs./ft. Wall thickness or gauge No: **1/4"**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
2 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:
 1 Continuous slot **3 Mill slot** 5 Gauzed wrapped 8 Saw cut 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: **5** in. to **51** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **46** ft. to **51** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **40** ft. to **51** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement **2 Cement grout** 3 Bentonite 4 Other _____
 Grouted Intervals: From **20** ft. to **0** 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 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**
 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)** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **June** month **22** day **81** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____
 This Water Well Record was completed on **1** month **27** day **83** year under the business name of _____
 by (signature) **Patrick M. Cold**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	6	0 / topsoil		
	6	22	0 / silt/fine sand			
	22	37	0 / clay			
	37	51	0 / fine/coarse sand			

ELEVATION: **1973**

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

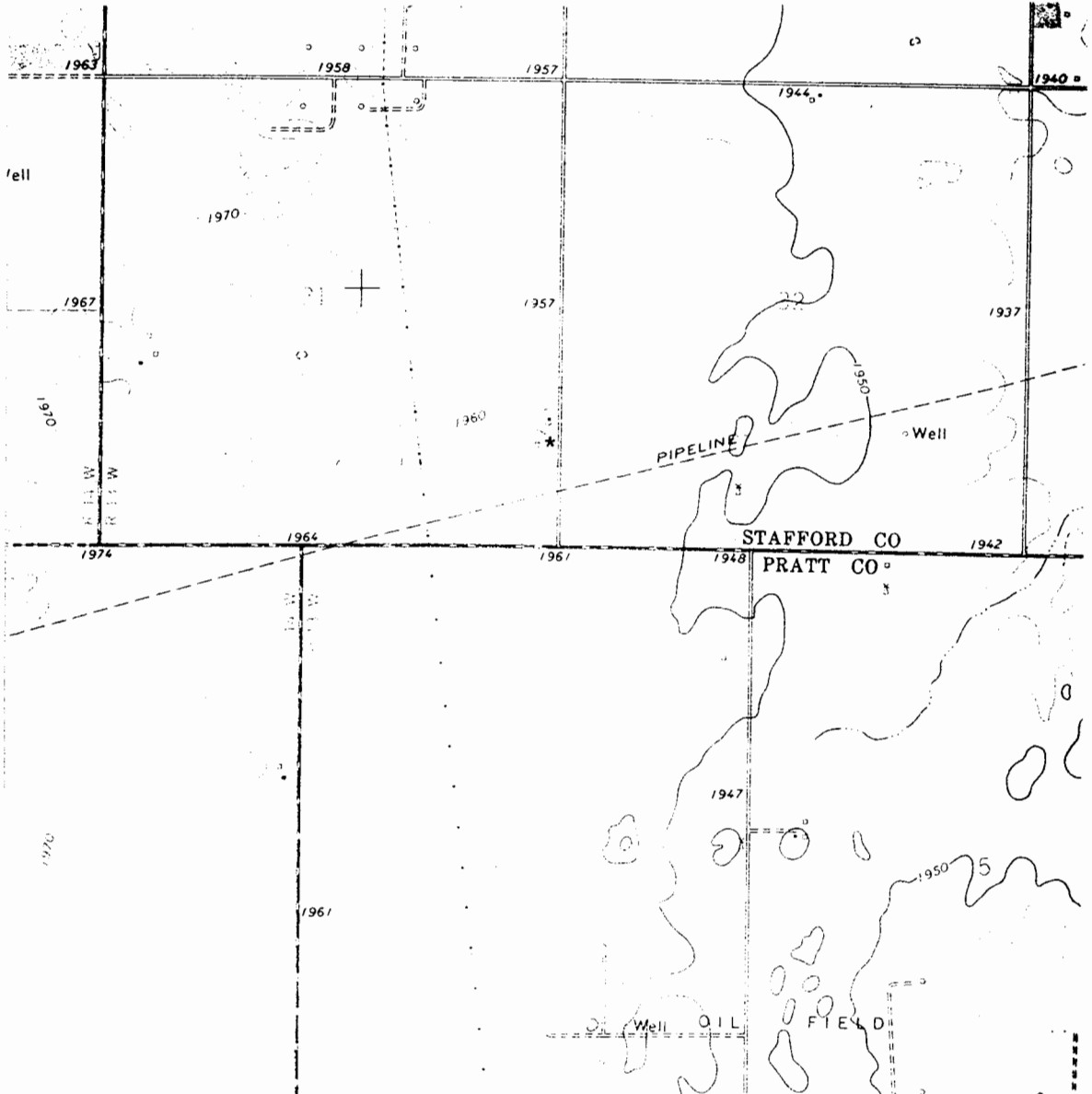
INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
R
13
EW
SEC.
31
NE 1/4 SE 1/4 SE 1/4

DP

SITE NUMBER : 20
SITE LOCATION : NE SE SE
LEGAL LOCATION: SEC31 T25S R13W
COUNTY : STAFFORD

LANDOWNER: HOMER SHOOP
ADDRESS : RURAL ROUTE 1
ST. HOHN, KANSAS 67576
PHONE NO.: 316-549-6242



WELL LOCATION *