

LOCATION OF WATER WELL: County: Stafford		Fraction SE ¼ SE ¼ SW ¼	Section Number 16	Township Number T 25 S	Range Number R 14w EW
Distance and direction from nearest town or city street address of well if located within city? 6S of Dillwyn, Ks.					
WATER WELL OWNER : G.W.M.D.#5 Don Fisher		RR# , St. Address, Box # : P. O. Box 7 RR 1 Box 43		Board of Agriculture, Division of Water Resources Application Number:	
City, State, ZIP Code : Stafford, Ks. 67578		St. John, Ks. 67576			
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N ---NW---NE--- W ---SW---SE--- E S 1 Mile		DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: unknown Depth(s) Groundwater Encountered 1. 17 ft. 2. 17 ft. 3. 17 ft. WELL'S STATIC WATER LEVEL 17 ft. below land surface measured on mo/day/yr 12/07/00 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 30 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter .8 in. to 60 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 Domestic (lawn & garden) 10 Monitoring well Observation Was a chemical/bacteriological sample submitted to Department? Yes. _____ No. _____ ; If yes, mo/day/yrs sample was submitted _____ Water Well Disinfected? Yes No			
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass		CASING JOINTS: Glued Clamped _____ Welded _____ Threaded _____	
Blank casing diameter 5 in. to 46 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface 24 in., weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		10 Asbestos-cement 11 Other (specify) _____ 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) _____ ft.					
SCREEN-PERFORATED INTERVALS: From 46 ft. to 60 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 31 ft. to 60 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From 0 ft. to 31 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) none - pasture					
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	silt			
3	17	clay			
17	29	fine sand			
29	31	clay			
31	60	sand and gravel			
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) 12/07/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 186 This Water Well Record was completed on (mo/day/yr) 12/10/00 under the business name of Kelly's Water Well Service, Inc. by (signature) <i>Kathryn R Good</i>					
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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					