

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Stafford</u>		<u>SE 1/4 NW 1/4 SW 1/4</u>	<u>27</u>	<u>T 25 S</u>	<u>R 15 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>625 Macksville Kansas</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #		Application Number:			
City, State, ZIP Code		<u>Macksville Kans</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>60</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>23</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>23</u> ft. below land surface measured on mo/day/yr <u>6-16-82</u>			
		Pump test data: Well water was <u>23</u> ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8 3/4</u> in. to <u>60</u> ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> 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			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>		If yes, mo/day/yr sample was submitted _____			
Water Well Disinfected? Yes <u>X</u> No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter <u>5</u> in. to <u>40</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				7 Fiberglass	
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>50A-26</u>				8 Concrete tile	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		CASING JOINTS: Glued <u>X</u> Clamped _____	
1 Steel		3 Stainless steel		9 Other (specify below) _____	
2 Brass		4 Galvanized steel		Welded _____	
3 Fiberglass		6 Concrete tile		Threaded _____	
5 Fiberglass		9 ABS			
6 Concrete tile		10 Asbestos-cement			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		6 Wire wrapped		11 None (open hole)	
2 Louvered shutter		7 Torch cut		9 Drilled holes	
3 Mill slot		10 Other (specify) _____			
4 Key punched					
SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1</u> Heat cement <u>2</u> Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		14 Abandoned water well	
		9 Feedyard		15 Oil well/Gas well	
				16 Other (specify below) <u>Pasture</u>	
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>2</u>	<u>Top Soil</u>			
<u>2</u>	<u>31</u>	<u>BR Clay</u>			
<u>31</u>	<u>35</u>	<u>Gravel</u>			
<u>35</u>	<u>37</u>	<u>Gray Clay</u>			
<u>37</u>	<u>60</u>	<u>Gravel</u>			
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>6-16-82</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>224</u> This Water Well Record was completed on (mo/day/yr) <u>7-23-83</u> under the business name of <u>Carl Hays Water Well Serv.</u> by (signature) <u>Carl Hays</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.					