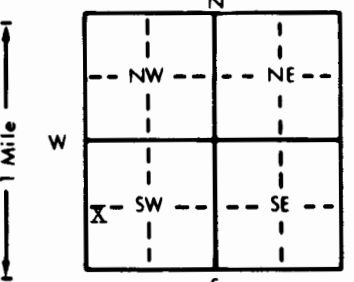


1 LOCATION OF WATER WELL: County: <b>Stafford</b>	Fraction NW ¼ SW ¼ SW ¼	Section Number <b>36</b>	Township Number T <b>25</b> S	Range Number R <b>15W</b> EW
--	----------------------------	-----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?  
**10S, 3 W of Dilwyn, Kansas**

2 WATER WELL OWNER: **Fred Grunder**  
 RR#, St. Address, Box # **122 S Main** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code **St. John, Ks. 67576** Application Number: **29954**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>114</b> ft. ELEVATION: <b>Unknown</b> Depth(s) Groundwater Encountered 1. <b>15</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>15</b> ft. below land surface measured on mo/day/yr <b>4/27/92</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>1,500</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>30</b> in. to <b>114</b> 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 <u>Irrigation</u> 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>No</u>
--	--

5 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 diameter **16** in. to **89.74** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **12** in., weight **16.5** 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) 10 Asbestos-cement 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-PERFORATED INTERVALS: From **89** ft. to **114** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **25** ft. to **114** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grout Intervals: From **0** ft. to **25** 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)  
 13 Insecticide storage In field

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Sand			
3	12	Clay			
12	25	Sand and gravel			
25	36	Clay			
36	46	Sand and gravel			
46	47	Clay			
47	57	Sand and gravel			
57	65	Clay			
65	82	Sand and gravel			
82	83	Clay			
83	107	Sand and gravel			
107	109	Clay			
109	114	Sand and gravel			

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) **4/27/92** 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 (mo/day/yr) **5/1/92**  
 under the business name of **Kelly's Water Well Service, Inc.** by (signature) *[Signature]*

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.