

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County:	DANIELS	NW 1/4 SW 1/4 SW 1/4	110	T 5 S	R 31 E (W)

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

10 N 4 1/2 W DEXFORD

2	WATER WELL OWNER:	ALEX BARNETT	Board of Agriculture, Division of Water Resources Application Number:
	RR#, St. Address, Box #	P.O. BOX 155	
	City, State, ZIP Code	REXFORD, MS 38775	

3	LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF COMPLETED WELL... 30 ... ft. ELEVATION:
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1 Mile

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL . . . 27 . . . ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter _____ in. to _____ 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Observation well
		12 Other (Specify below) _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No _____

5	TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped Welded Threaded
	1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	
	2 PVC	4 ABS	7 Fiberglass		

Blank casing diameter . . . 5 . . . in. to . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.
Casing height above land surface . . . 0 . . . in., weight . . . lbs./ft. Wall thickness or gauge No. . . .

TYPE OF SCREEN OR PERFORATION MATERIAL:			7 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:		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-PERFORATED INTERVALS:	From ft. to ft.,	From ft. to ft.
	From ft. to ft.,	From ft. to ft.
GRAVEL PACK INTERVALS:	From ft. to 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 8 ft. to 11 ft. From ft. to 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	<i>NONE</i>

Direction from well? _____ How many feet? _____

[illegible]

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) July 7-1988 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 (mo/day/yr) _____ under the business name of _____ by (signature) Clude J. Russell, Jr.

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.