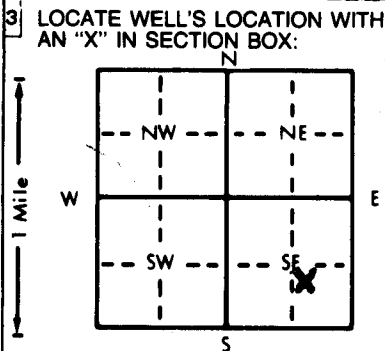


1 LOCATION OF WATER WELL: County: **Greeley** Fraction: **NW 1/4 SE 1/4 SE 1/4** Section Number: **17** Township Number: **T 16 S** Range Number: **R 40 E/W**

Distance and direction from nearest town or city street address of well if located within city?
13 miles north of Tribune, KX KS

2 WATER WELL OWNER: **Steele Farms**
 RR#, St. Address, Box #: **Rt 1 Box 57** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Tribune, KS 67879** Application Number: **25081**



4 DEPTH OF COMPLETED WELL: **220** ft. ELEVATION: **3675**
 Depth(s) Groundwater Encountered 1. **171** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **171** ft. below land surface measured on mo/day/yr **3-9-92**
 Pump test data: Well water was **215** ft. after **4** hours pumping **260** gpm
 Est. Yield **260** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **26** in. to **220** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes **X** No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued **X** Clamped _____ Welded _____ Threaded _____
 Blank casing diameter **12** in. to **180** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR 26**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **180** ft. to **220** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **220** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **0** ft. to **20** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well? **north** How many feet? **290**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	top soil & sand (fine)	192	196	sand (medium to coarse)
16	21	sand (fine)	196	211	sand (fine to medium) & 1' clay
21	32	limestone (2' very hard)	211	213	clay
32	49	limestone & sand mixed	213	219	yellow clay
49	98	limestone & sandy clay mix	219	220	shale
98	114	cemented sand & clay streaks			
114	132	sandy clay & cemented sand			
132	139	sand (fine to medium)			
139	141	clay			
141	147	cemented sand & little clay			
147	153	sand (medium)			
153	161	sandy clay & limestone			
161	180	sand (medium) & 3' clay			
180	190	sand (medium to coarse)			
190	192	clay			

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) **3-10-92** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **473** This Water Well Record was completed on (mo/day/yr) **3-31-92** under the business name of **Tyler Water Well Service** 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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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