

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: RICE	SW ¼ SE ¼ SE ¼	35	T 20 S	R 10 XX W

Distance and direction from nearest town or city? 1½ miles South-East of Raymond, KS Street address of well if located within city?

2 WATER WELL OWNER: John Keeley **NOTE: This Report is for 3 Identical Wells drilled 50' apart - MANIFOLD SYSTEM**
 RR#, St. Address, Box #: P.O. Box 127 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Sterling, KS 67579 Application Number: Not Available

3 DEPTH OF COMPLETED WELLS: 33 ft. Bore Hole Diameter: 24 in. to 33 ft. and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 10 ft. below land surface measured on 8 month 7 day 1979 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield Not Ck'd gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 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 XX
 7 Fiberglass _____ Threaded _____
 Blank casing dia: 16 in. to 13 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 31.75 lbs./ft. Wall thickness or gauge No. 188
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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) Doerr Bridge Slot
 Screen-Perforation Dia: 16 in. to 33 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 13 ft. to 33 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 33 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 _____ FIELD
 13 Watertight sewer lines
 Direction from well: n/a How many feet: n/a ? Water Well Disinfected? Yes _____ No X
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes X No _____
 If Yes: Pump Manufacturer's name: BERKELEY PUMP CO Model No. B3ZPL HP 25 Volts 460
 Depth of Pump Intake: n/a ft. Pumps Capacity rated at 500 gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 8 month 7 day 1979 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185
 This Water Well Record was completed on 11 month 12 day 1980 year under the business name of CLARKE WELL & EQ., INC. by (signature) *David W. Clarke*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <u>3 Wells-50' Apart</u>	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	TOPSOIL			
	3	33	SAND & GRAVEL			

ELEVATION: Unknown

Depth(s) Groundwater Encountered 1. 10 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
20
10
EW
SEC
35
SW ¼ SE ¼ SE ¼