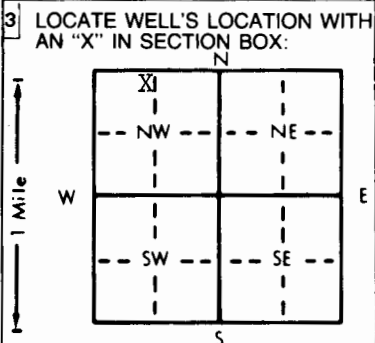


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Stafford</u>	<u>NE 1/4 NW 1/4 NW 1/4</u>	<u>10</u>	<u>T 21 S</u>	<u>R 11W E/W</u>

Distance and direction from nearest town or city street address of well if located within city?
8 N, 7 E of Hudson, Kansas

2 WATER WELL OWNER: <u>James A. Sleeper</u>	Sterling Drilling Co.	Siefers #2
RR#, St. Address, Box #: <u>Box 214</u>	<u>Box 1006</u>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code: <u>Alden, Ks. 67512</u>	<u>Pratt, Ks. 67124</u>	Application Number: <u>960365</u>



4 DEPTH OF COMPLETED WELL: <u>62</u> ft.	ELEVATION: <u>Unknown</u>
Depth(s) Groundwater Encountered: 1. <u>16</u> ft. 2. _____ ft. 3. _____ ft.	
WELL'S STATIC WATER LEVEL: <u>16</u> ft. below land surface measured on <u>mo/day/yr</u> <u>10/25/96</u>	
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
Est. Yield: <u>50</u> gpm. Well water was _____ ft. after _____ hours pumping _____ gpm	
Bore Hole Diameter: <u>7 7/8</u> in. to <u>62</u> ft., and _____ in. to _____ ft.	
WELL WATER TO BE USED AS:	
5 Public water supply	8 Air conditioning
1 Domestic	3 Feedlot
2 Irrigation	4 Industrial
6 Oil field water supply	9 Dewatering
7 Lawn and garden only	10 Monitoring well
11 Injection 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: <u>Glued</u> <u>Clamped</u>
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) <u>Welded</u>
2 PVC	4 ABS	7 Fiberglass	10 Asbestos-cement
Blank casing diameter: <u>5</u> in. to <u>42</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface: <u>12</u> in., weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes
SCREEN-PERFORATED INTERVALS: From <u>42</u> ft. to <u>62</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>62</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>20</u> 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)
Direction from well? <u>West</u>			How many feet? <u>150</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Top sand			
15	23	Clay			
23	62	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) 10/25/96 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) 10/26/96 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.

OFFICE USE ONLY
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