SMITH-MANNING B-1 WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL | Fraction: NW ¼ NW ¼ NW ¼ | Section Number: 9 | Township Number: T 21 S | Range Number: R 11 E (W)

County: STAFFORD

Distance and direction from nearest town or city? HUDSON 9½N 6E SOUTHSIDE

Street address of well if located within city?

2 WATER WELL OWNER: STERLING DRILLING CO.

RR#, St. Address, Box # : 129

City, State, ZIP Code : STERLING, KS 67579

Board of Agriculture, Division of Water Resources Application Number: T80-560

3 DEPTH OF COMPLETED WELL 80 ft. Bore Hole Diameter 9 in. to 80 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 Observation well 11 Injection well 12 Other (Specify below)

Well's static water level 22 ft. below land surface measured on NOV month 5 day 1980 year

Pump Test Data NONE : Well water was ____ ft. after ____ hours pumping ____ gpm

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

4 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 dia 5 in. to 60 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.

Casing height above land surface 12 in., weight 26.5 lbs./ft. Wall thickness or gauge No 21.4

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-Perforation Dia 5 in. to 80 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.

Screen-Perforated Intervals: From 60 ft. to 80 ft., From ____ ft. to ____ ft.

From ____ ft. to ____ ft., From ____ ft. to ____ ft.

Gravel Pack Intervals: From 55 ft. to 80 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: NONE

1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well ____ How many feet ____? Water Well Disinfected? Yes ____ No C

Was a chemical/bacteriological sample submitted to Department? Yes ____ No C If yes, date sample was submitted ____ month ____ day ____ year: Pump Installed? Yes ____ No C

If Yes: Pump Manufacturer's name ____ Model No. ____ HP ____ Volts ____

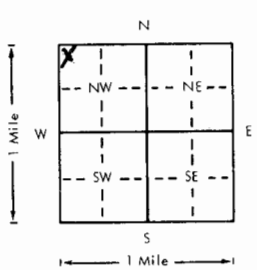
Depth of Pump Intake ____ ft. Pumps Capacity rated at ____ gal./min.

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 NOV month 5 day 1980 year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 389

This Water Well Record was completed on NOV month 21 day 1980 year under the business name of MYERS WATER WELL SERVICE by (signature) Rudolph J Kern

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	15	SOIL			
15	40	CLAY			
40	50	SANDY CLAY			
50	60	CLAY			
60	80	GRAVEL			

Depth(s) Groundwater Encountered 1. ____ 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 21 R 11 E (W) SEC. 9 NW¼ NW¼ NW¼