RICHARDSON I-20

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

1 LOCATION OF WATER WELL | Fraction | Section Number | Township Number | Range Number

County: STAFFORD | NW ¼ NW ¼ SW ¼ | 20 | T 21 S | R 11 E/W

Distance and direction from nearest town or city? HUDSON 5E 7¾N EASTSIDE

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:

3 DEPTH OF COMPLETED WELL 60 ft. Bore Hole Diameter 9 in. to 60 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 8 ft. below land surface measured on NOV. month 12 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 XX Clamped ..... Welded ..... Threaded .....

Blank casing dia 5 in. to 40 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 .214

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 60 ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

Screen-Perforated Intervals: From 40 ft. to 60 ft., From ..... ft. to ..... ft.

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

Gravel Pack Intervals: From 35 ft. to 60 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 —

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

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

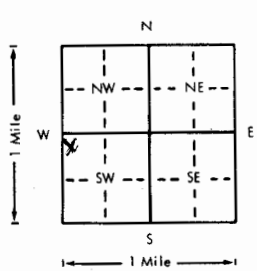
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

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 12 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 27 day 1980 year under the business name of MYERS WATER WELL SERVICE by (signature) Rudolph Meier

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



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	SOIL			
10	30	CLAY			
30	35	FINE SAND			
35	40	CLAY			
40	60	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 20 NW¼ NW¼ SW¼