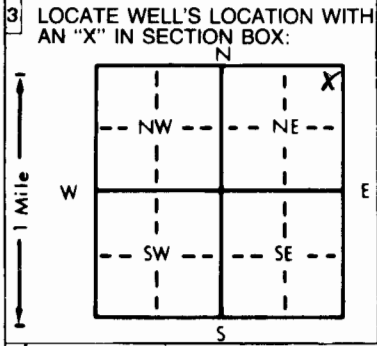


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Rice</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>24</u>	T <u>21</u> S	R <u>6</u> <u>EW</u>

Distance and direction from nearest town or city street address of well if located within city?
8 mi. N of Hutchinson - 2213 31st Rd

2 WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : <u>Burt Starke</u> <u>2213 31st Rd</u>	Application Number:
City, State, ZIP Code : <u>Inman, KS 67546</u>	



4 DEPTH OF COMPLETED WELL: <u>100</u> ft.	ELEVATION:			
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.				
WELL'S STATIC WATER LEVEL: <u>16</u> ft. below land surface measured on mo/day/yr <u>4-9-98</u>				
Pump test data: Well water was <u>97</u> ft. after <u>2</u> hours pumping <u>8</u> gpm				
Est. Yield <u>8</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
Bore Hole Diameter: <u>9</u> in. to <u>28</u> ft., and <u>5 1/2</u> in. to <u>100</u> ft.				
WELL WATER TO BE USED AS:				
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____				
Water Well Disinfected? Yes <u>X</u> No _____				

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
<input checked="" type="radio"/> PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing diameter: <u>6</u> in. to <u>28</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>16.0</u>				
TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement		
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	<input checked="" type="radio"/> None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	<input checked="" type="radio"/> None (open hole)	
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:	From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:	From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> Bentonite	4 Other _____
Grout Intervals: From <u>3</u> ft. to <u>28</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
<input checked="" type="radio"/> 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)
13 Insecticide storage				
Direction from well? <u>W</u>			How many feet? <u>120</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>7</u>	<u>Sandy Br silt</u>			
<u>7</u>	<u>19</u>	<u>Br + Gr Clay</u>			
<u>19</u>	<u>100</u>	<u>Shale</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-9-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>447</u> This Water Well Record was completed on (mo/day/yr) <u>4-27-98</u> under the business name of <u>Miller Drilling</u> by (signature) <u>Eg Miller</u>
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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.