

OFFICE USE ONLY
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SW
SW
NE
NE

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
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County: Rice SW 1/4 SW 1/4 NE 1/4 34 T 21 S R 7 E/W

Distance and direction from nearest town or city? 3 mile North Nickesson Street address of well if located within city?

2 WATER WELL OWNER: Mike Bell
 RR#, St. Address, Box #: P.O. Box 164
 City, State, ZIP Code: Sterling, KS 67579
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 43 ft. Bore Hole Diameter: 28 in. to 43 ft., and _____ in. to _____ ft.

Well Water to be used as:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
9 Dewatering	10 Observation well	12 Other (Specify below)

Well's static water level: 7 ft. below land surface measured on 5 month 5 day 80 year

Pump Test Data: Well water was 23' ft. after 1 hours pumping 1500 gpm
 Est. Yield 1500 gpm: Well water was 15' ft. after 2 hours pumping 800 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 _____
		7 Fiberglass		Threaded _____

Blank casing dia: 16 in. to 0 ft., Dia 16 in. to 17 ft., Dia _____ in. to _____ ft.

Casing height above land surface: 12 in., weight 30 lbs./ft. Wall thickness or gauge No. 3/4

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	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)	

Screen-Perforation Dia: 16 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 17 ft. to 43 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 10 ft. to 43 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement Cement grout Bentonite 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)
			13 Watertight sewer lines	

Direction from well: West How many feet: 1/8 mile ? 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 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on May 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. 134

This Water Well Record was completed on May month 19 day 1980 year under the business name of Rosencrantz Beals Ent. Inc by (signature) Mike Flaws

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>5</u>	<u>Top Soil & Clay</u>		
	<u>5</u>	<u>41</u>	<u>Med Red sand/ loose formation took water</u>			
	<u>41</u>	<u>46</u>	<u>Clay w/ very little sand</u>			
	<u>46</u>	<u>73</u>	<u>Medium fine sand loose formation took little water</u>			
	<u>73</u>	<u>-</u>	<u>Red Bed</u>			

1 Mile

ELEVATION:

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 'ain one for your records.