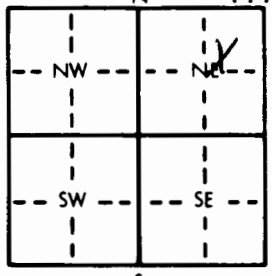


1 LOCATION OF WATER WELL: Fraction (Exact loc. not known) Section Number Township Number Range Number  
 County: Rice 1/4 1/4 NE 1/4 21 T 21 S R 8 ~~NE/W~~

Distance and direction from nearest town or city street address of well if located within city?  
 Located @ ~~XXXXXX~~ 514 Ponderosa Lane, Sterling, KS

2 WATER WELL OWNER: Roy Smith  
 RR#, St. Address, Box #: 1628 14th Ave. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Greeley, CO 80631 Application Number: Not required

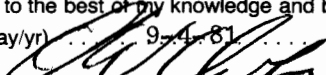
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  


4 DEPTH OF COMPLETED WELL: 55 ft. ELEVATION: unknown  
 Depth(s) Groundwater Encountered 1. 7 ft. 2. . . . . ft. 3. . . . . ft.  
 WELL'S STATIC WATER LEVEL . . . . . 7 ft. below land surface measured on mo/day/yr 8-4-81  
 Pump test data: Well water was not ck'd ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Bore Hole Diameter . . . . . 9 in. to . . . . . 55 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 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No X . . . . .; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X . . . . . Clamped . . . . .  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 7 Fiberglass . . . . . Threaded . . . . .  
 Blank casing diameter . . . . . 5 in. to . . . . . 45 ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface . . . . . 12 in., weight . . . . . 1.5 lbs./ft. Wall thickness or gauge No. . . . . 200  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) . . . . .  
 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 5 Gauzed wrapped 8 Saw cut 11 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 . . . . . 45 ft. to . . . . . 55 ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From . . . . . 35 ft. to . . . . . 55 ft., From . . . . . ft. to . . . . . ft.  
 Annular fill From . . . . . 10 ft. to . . . . . 31 ft., From . . . . . ft. to . . . . . ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . .  
 Grout Intervals: From . . . . . 0 ft. to . . . . . 10 ft., From . . . . . 31 ft. to . . . . . 35 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)  
 13 Insecticide storage . . . . .  
 Direction from well? all How many feet? over 50'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Topsoil & brown clay			
5	15	Sand & gravel, med. to coarse			
15	19	Tan clay & gray clay			
19	31	Sand & gravel, med. clean			
31	36	Tan clay			
36	55	Sand & 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) . . . . . 8-4-81 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 185 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 9-4-81 . . . . . under the business name of Clarke Well & Eq., Inc. by (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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.