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| 1 LOCATION OF WATER WELL: County: <u>Rice</u> | Fraction <u>SW 1/4 NE 1/4 NE 1/4</u> | Section Number <u>33</u> | Township Number <u>T 21 S</u> | Range Number <u>R 8</u> <small>BAW</small> |
|--|---|-----------------------------|----------------------------------|---|

Distance and direction from nearest town or city street address of well if located within city?
Approx. 1 1/4 mi. south of Sterling, KS

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|---|---|---|
| 2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : | <u>Bill Ball</u> <u>Rural Route</u> <u>Sterling, KS 67579</u> | Board of Agriculture, Division of Water Resources Application Number: <u>not available</u> |
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| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL <u>31</u> ft. ELEVATION: <u>unknown</u> |
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Depth(s) Groundwater Encountered 1. 9 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 9 ft. below land surface measured on mo/day/yr 1/23/86

Pump test data: Well water was not ck'd ft. after _____ hours pumping _____ gpm

Est. Yield *225 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 24 in. to 31 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 |
| | | 10 Observation well |

Was a chemical/bacteriological sample submitted to Department? Yes XX No _____; if yes, mo/day/yr sample was submitted 7/18/85

Water Well Disinfected? Yes _____ No XX

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| 5 TYPE OF BLANK CASING USED: | 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass | 8 Concrete tile 9 Other (specify below) Threaded _____ |
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CASING JOINTS: Glued _____ Clamped _____
Welded XX

Blank casing diameter 16 in. to 19 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 12 in., weight 31.66 lbs./ft. Wall thickness or gauge No. 188

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|---|--------------------|-----------------|--------------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 7 PVC | 10 Asbestos-cement |
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 8 RMP (SR) |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 9 ABS |
| | | | 11 Other (specify) _____ |
| | | | 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) <u>Doerr Bridge Slot</u> | |

SCREEN-PERFORATED INTERVALS: From 19 ft. to 31 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 10 ft. to 31 ft., From _____ ft. to _____ ft.

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|-------------------|---------------|----------------|-------------|---------------|
| 6 GROUT MATERIAL: | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other _____ |
|-------------------|---------------|----------------|-------------|---------------|

Grout 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 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 | <u>FIELD</u> |

Direction from well? all How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|------|-------------------------------|------|----|----------------|
| 0 | 8 | Topsoil & sandy brown clay | | | |
| 8 | 29.5 | Sand & gravel, med. to coarse | | | |
| 29.5 | 31 | Brown clay | | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>1/23/86</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/yr) <u>1/24/86</u> under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.