

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <b>Rice</b>	<b>SE 1/4 SW 1/4 NE 1/4</b>	<b>13</b>	<b>T 21 S</b>	<b>R 9 EW</b>

Distance and direction from nearest town or city? **3 W Sterling**  
**1/2 W side** Street address of well if located within city?

2 WATER WELL OWNER: **Don Axtell**  
 RR#, St. Address, Box #: **RPD** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Sterling, KS 67579** Application Number:

3 DEPTH OF COMPLETED WELL: **52** ft. Bore Hole Diameter: **28** in. to . . . . . ft., and . . . . . in. to . . . . . ft.

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

Well's static water level: **6'5"** ft. below land surface measured on **7** month **21** day **1980** year

Pump Test Data: Well water was **40** ft. after . . . . . hours pumping **20** gpm  
 Est. Yield gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

4 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile Casing Joints: Glued . . . . . Clamped . . . . .  
 1 Steel 3 RMP (SR) 8 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 2 PVC 4 ABS 7 Fiberglass . . . . . Threaded . . . . .

Blank casing dia: **16** in. to **20** ft., Dia: **26** in. to . . . . . ft., Dia: . . . . . in. to . . . . . ft.

Casing height above land surface: **120** in., weight **160** lbs./ft. Wall thickness or gauge No: **216**

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 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-Perforation Dia: . . . . . in. to . . . . . ft., Dia: . . . . . in. to . . . . . ft., Dia: . . . . . in. to . . . . . ft.

Screen-Perforated Intervals: From **26** ft. to **52** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

Gravel Pack Intervals: From **10** ft. to **52** 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: 10 Fuel storage 14 Abandoned water well  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) **None**  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines

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: **Jayne Bowler** Model No: **20HP 3 stage ORL** 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 **July** month **21** 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 **July** month **21** day **1980** year under the business name of **Rosenrantz-Bemis ENT.** by (signature) **Mich Flaws**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<b>0</b>	<b>5</b>	<b>Top Soil</b>			
	<b>5</b>	<b>24</b>	<b>Medium Sand, Loose Formation</b>			
	<b>24</b>	<b>35</b>	<b>Clay</b>			
	<b>35</b>	<b>52</b>	<b>Medium Sand, Loose Formation, Took Water.</b>			

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 retain one for your records.

OFFICE USE ONLY  
T  
R  
9  
EW  
SEC.  
13  
SE 1/4 SW 1/4 NE 1/4