

1) LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction <u>C N 1/2</u> NW <u>1/4</u> SW <u>1/4</u>		Section Number <u>29</u>	Township Number T <u>22</u> S		Range Number R <u>12W</u> E/W	
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 W Hudson, Kansas</u>								
2) WATER WELL OWNER: <u>Marion & Juanita Alpers</u>				<u>Sterling Drilling Co.</u>		<u>Alpers Trust 1-29</u>		
RR#, St. Address, Box #: <u>Box 25</u>				<u>Box 1006</u>		Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Hudson, Ks. 67545</u>				<u>Pratt, Kansas 67124</u>		Application Number: <u>960435</u>		
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>110</u> ft. ELEVATION: <u>Unknown</u>						
		Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. _____ ft. 3. _____ ft.						
		WELL'S STATIC WATER LEVEL: <u>18</u> ft. below land surface measured on mo/day/yr <u>12/03/96</u>						
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm						
		Est. Yield <u>60</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm						
Bore Hole Diameter: <u>7.7/8</u> in. to <u>110</u> ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:						
1 Domestic		3 Feedlot		6 <u>Oil field water supply</u>		9 Dewatering		
2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well		
11 Injection well		12 Other (Specify below)						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____								
Water Well Disinfected? Yes _____ No _____								
5) TYPE OF BLANK CASING USED:								
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		
7 Fiberglass		CASING JOINTS: <u>Glued</u> _____ <u>Clamped</u> _____						
Blank casing diameter: <u>5</u> in. to <u>90</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Welded _____						
Casing height above land surface: <u>12</u> in. weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>		Threaded _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC		
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)		
10 Asbestos-cement		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		
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes		
7 Torch cut		10 Other (specify)						
11 None (open hole)		SCREEN-PERFORATED INTERVALS: From <u>90</u> ft. to <u>110</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>80</u> ft. From <u>85</u> ft. to <u>110</u> ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6) GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____								
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft. From <u>80</u> ft. to <u>85</u> 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		
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage		
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage		
13 Insecticide storage		14 Abandoned water well						
15 <u>Oil well/Gas well</u>		16 Other (specify below)						
Direction from well? <u>East</u>				How many feet? <u>150</u>				
FROM		TO		LITHOLOGIC LOG		FROM		
TO						PLUGGING INTERVALS		
<u>0</u>		<u>15</u>		<u>Top soil and clay</u>				
<u>15</u>		<u>17</u>		<u>Sand and gravel</u>				
<u>17</u>		<u>75</u>		<u>Clay</u>				
<u>75</u>		<u>78</u>		<u>Sand and gravel</u>				
<u>78</u>		<u>85</u>		<u>Clay</u>				
<u>85</u>		<u>110</u>		<u>Sand and gravel</u>				
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) <u>12/03/96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>186</u> This Water Well Record was completed on (mo/day/yr) <u>12/04/96</u> under the business name of <u>Kelly's Water Well Service, Inc.</u> by (signature) <u>[Signature]</u>								
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.								