

| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|-----------------------------|--------------|------|----|--------------------|------------|------------|--------------------|------------|-----------|------------------|-----------|----------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | County: <u>Reino</u> | <u>SW</u> $\frac{1}{4}$ $\frac{1}{4}$ | <u>31</u> | <u>22</u> | <u>8</u> E/W | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | WATER WELL OWNER: <u>Sterling Evangelical Bible Church</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RR #, St. Address, Box #: <u>3017 North Sterling Rd</u> | | Board of Agriculture, Division of Water Resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City, State, ZIP Code: <u>Sterling KS 67579</u> | | Application Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 | DEPTH OF WELL <u>69</u> ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | WELL'S STATIC WATER LEVEL <u>17</u> ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | WELL WAS USED AS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input checked="" type="checkbox"/> Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> Industrial 8 Air Conditioning 12 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | TYPE OF BLANK CASING USED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Blank casing diameter <u>6</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface <u>Below 60</u> in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Direction from well? How many feet? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>69'</u></td> <td><u>17'</u></td> <td><u>Sand Gravel</u></td> </tr> <tr> <td><u>17'</u></td> <td><u>5'</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>5'</u></td> <td><u>0</u></td> <td><u>Natural Clay</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | | FROM | TO | PLUGGING MATERIALS | <u>69'</u> | <u>17'</u> | <u>Sand Gravel</u> | <u>17'</u> | <u>5'</u> | <u>Bentonite</u> | <u>5'</u> | <u>0</u> | <u>Natural Clay</u> | | | | | | | | | | | | | | | |
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| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3-30-87</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4-16-87</u> This Water Well Record was completed on (mo/day/year) <u>3-30-87</u> under the business name of <u>Sterling Evangelical Bible Church</u> by (signature) <u>Christopher A. Anderson</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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |