

1) LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																											
County: <u>Stafford</u>		NW 1/4 SW 1/4 NW 1/4		17		T 23 S		R 12 E W																																											
Distance and direction from nearest town or city street address of well if located within city?																																																			
2) WATER WELL OWNER: <u>Sterling Drilling Company</u>																																																			
RR#, St. Address, Box # : <u>PO Box 129, Sterling, Kansas 67579</u>																																																			
City, State, ZIP Code : _____ Board of Agriculture, Division of Water Resources																																																			
Application Number: <u>T 84-464</u>																																																			
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>85</u> ft. ELEVATION: _____																																																	
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.																																																	
		WELL'S STATIC WATER LEVEL <u>24</u> ft. below land surface measured on mo/day/yr <u>7-24-84</u>																																																	
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																	
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																	
		Bore Hole Diameter _____ in. to _____ 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 <u>6 Oil field water supply</u> 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 _____; 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 CASING JOINTS: Glued _____ Clamped _____ <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>3' BELOW</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____																																																			
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) _____ SCREEN OR PERFORATION OPENINGS ARE: 9 ABS 12 None used (open hole)																																																			
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 SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																			
6) GROUT MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other _____																																																			
Grout Intervals: From <u>6</u> ft. to <u>3</u> 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 <u>15 Oil well/Gas well</u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage																																																			
Direction from well? _____ How many feet? _____																																																			
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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>Aug. 4, 1984</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>151</u> This Water Well Record was completed on (mo/day/yr) <u>10-25-84</u> under the business name of <u>Sterling Drilling Company</u> by (signature) <u>Richard J. Mead</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.																																																			