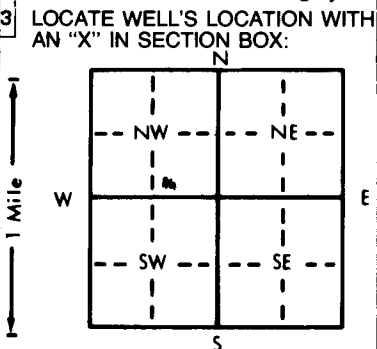


HAWLEY 9-7

| | | | | |
|---|---|----------------------------|----------------------------------|-------------------------------|
| 1 LOCATION OF WATER WELL: County: EDWARDS | Fraction SW 1/4 SE 1/4 NW 1/4 | Section Number 7 | Township Number T 24 S | Range Number R 16 E |
|---|---|----------------------------|----------------------------------|-------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
BEFORE 1 1/2 W 1 1/2 N EASTSIDE

| | | |
|---|---|--|
| 2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code | STERLING DRILLING CO. BOX 129 STERLING, KS 67579 | C.E. HAWLEY, LARNED, KS. Board of Agriculture, Division of Water Resources Application Number: 783-527 |
|---|---|--|



| |
|---|
| 4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: |
| Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. |
| WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 10-15-83 |
| 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: 7 7/8 in. to 60 ft. and _____ in. to _____ ft. |
| WELL WATER TO BE USED AS: |
| 1 Domestic 3 Feedlot 6 <u>Oil field water supply</u> 9 Dewatering 11 Injection well |
| 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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: | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued X Clamped _____ |
| 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) _____ |
| 2 PVC | 4 ABS | 7 Fiberglass | 10 Other (specify) _____ |
| Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | Threaded _____ |
| Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____ | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | 7 <u>PVC</u> | 10 Asbestos-cement | |
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 8 RMP (SR) |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 9 ABS |
| SCREEN OR PERFORATION OPENINGS ARE: 48 | 5 Gauzed wrapped | 8 <u>Saw cut</u> | 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-PERFORATED INTERVALS: From _____ ft. to _____ ft. | | | |
| GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. | | | |

| | | | | |
|---|-----------------|-----------------|-----------------------|--------------------------|
| 6 GROUT MATERIAL: | 1 Neat cement | 2 Cement grout | 3 <u>Bentonite</u> | 4 Other _____ |
| Grout Intervals: From _____ ft. to _____ ft. | | | | |
| What is the nearest source of possible contamination: NONE | | | | |
| 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 | | | | |
| Direction from well? | | | How many feet? | |

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|----|----------------|------|----|----------------|
| 0 | 4 | SOIL | | | |
| 4 | 18 | SANDY CLAY | | | |
| 18 | 25 | SAND | | | |
| 25 | 60 | GRAVEL | | | |

| |
|--|
| 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) 10-15-83 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 389 This Water Well Record was completed on (mo/day/yr) 10-21-83 under the business name of NEISER WATER WELL SERV. INC. by (signature) Budolph Neiser |
| 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. |

OFFICE USE ONLY
T 24
R 16
SEC. 7
SW 1/4
SE 1/4
NW 1/4