

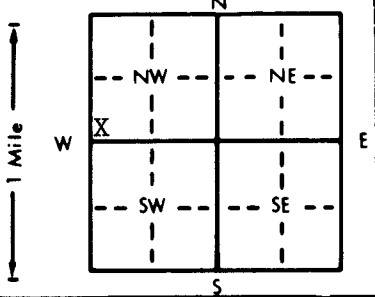
1 LOCATION OF WATER WELL: County: <b>Edwards</b>	Fraction <b>SW 1/4 SW 1/4 NW 1/4</b>	Section Number <b>3</b>	Township Number <b>T 24 S</b>	Range Number <b>R 17W E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?

**3 N, 5 W of Belpre, Kansas**

2 WATER WELL OWNER: <b>Harry Massey</b>	<b>Sterling Drilling Co.</b>	<b>Massey 4-3</b>
RR#, St. Address, Box #: <b>Belpre, Ks.</b>	<b>Box 129</b>	<b>Board of Agriculture, Division of Water Resources</b>
City, State, ZIP Code: <b>67519</b>	<b>Sterling, Kansas <del>XXXX</del> 67579</b>	Application Number: <b>900362</b>

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: <b>67</b> ft.	ELEVATION: <b>Unknown</b> ft.	
Depth(s) Groundwater Encountered: <b>1.22</b> ft.	<b>2</b> ft. <b>3</b> ft.	
WELL'S STATIC WATER LEVEL: <b>22</b> ft. below land surface	measured on <b>8/7/90</b> mo/day/yr	
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm		
Est. Yield: <b>60</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm		
Bore Hole Diameter: <b>8</b> in. to <b>67</b> ft., and _____ in. to _____ ft.		
WELL WATER TO BE USED AS:		
<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input checked="" type="checkbox"/> 6 <u>Oil field water supply</u>
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only
<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 10 Monitoring well	<input type="checkbox"/> 12 Other (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>_____</u>		
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: <u>Glued</u> Clamped _____
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)
<input checked="" type="checkbox"/> 2 <u>PVC</u>	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass	Welded _____
Blank casing diameter: _____ in. to <b>47</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface: _____ in., weight _____ lbs./ft.	Wall thickness or gauge No. <b>Sch. 40</b>		
TYPE OF SCREEN OR PERFORATION MATERIAL:			
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 <u>PVC</u>
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)
<input type="checkbox"/> 9 Asbestos-cement	<input type="checkbox"/> 10 Other (specify) _____	<input type="checkbox"/> 11 Other (specify) _____	<input type="checkbox"/> 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:			
<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 <u>Saw cut</u>
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes
<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) _____	<input type="checkbox"/> 11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <b>47</b> ft. to <b>67</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>67</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	<input checked="" type="checkbox"/> 1 <u>Neat cement</u>	<input type="checkbox"/> 2 Cement grout	<input type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other _____
Grout Intervals: From <b>0</b> ft. to <b>20</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input checked="" type="checkbox"/> 15 <u>Oil well/Gas well</u>
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 13 Insecticide storage				
Direction from well? <b>South</b>			How many feet? <b>60</b>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25	Clay			
25	67	Sand and gravel			

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) **8/7/90** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **186**. This Water Well Record was completed on (mo/day/yr) **12/17/90** under the business name of **Kelly's Water Well Service** by (signature) *[Signature]*

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E W SEC