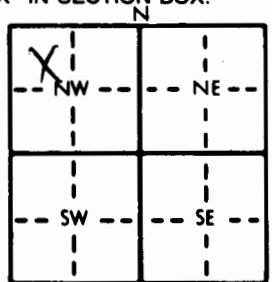


1 LOCATION OF WATER WELL: County: <u>Stafford</u> Fraction <u>1/4 NW 1/4 NW 1/4</u> Section Number <u>19</u> Township Number <u>35</u> Range Number <u>11</u> E/W <u>W</u>		WATER WELL RECORD FORM WWC-3 RSA 62a-1212	
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 mile So. of Stafford, then East</u> Rect <u>2141</u>			
2 WATER WELL OWNER: <u>WILLIAMS NATURAL GAS CO</u> RR#, St. Address, Box # <u>RR #1, Box 162</u> City, State, ZIP Code <u>Lyons, KS 67554</u>		Board of Agriculture, Division of Water Resources Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>300'</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>300'</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>NA</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8"</u> in. to <u>300'</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below) <u>Cathodic Protection</u> 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 _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>6"</u> in. to <u>120'</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface <u>2'</u> in., weight <u>Sch 40</u> lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 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 <u>NA</u> ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>NA</u> ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Coke Breeze</u> Grout Intervals: From _____ ft. to _____ ft., From <u>0'</u> ft. to <u>20'</u> ft., From <u>100'</u> ft. to <u>300'</u> 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 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) <u>None close</u> 13 Insecticide storage Direction from well? How many feet? FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG <u>0' 110' Shale - Clay streaks</u> <u>110' 150' Clay</u> <u>150' 210' Shale</u> <u>210' 250' Clay</u> <u>250' 300' Shale</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>4/4/90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>4-4-90</u> under the business name of <u>Rick Young Water Well Service</u> by (signature) <u>Rick Young</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.			