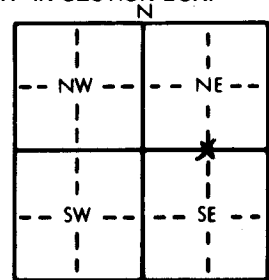


1 LOCATION OF WATER WELL: County: <u>PRATT</u>		Fraction <u>1/4</u> <u>C</u> <u>1/4</u> <u>E 1/2</u> <u>1/4</u>		Section Number <u>16</u>		Township Number <u>T 26</u> S		Range Number <u>R 13</u> E <u>1</u>		
Distance and direction from nearest town or city street address of well if located within city? <u>STRICKLER 1/2 E 1/2 N WESTSIDE</u>										
2 WATER WELL OWNER: <u>STERLING DRILLING CO.</u>					3 <u>EMMET KELLEY, DCHA, KS.</u>					
RR#, St. Address, Box #: <u>BOX 129</u>					Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: <u>STERLING, KS 67579</u>					Application Number: <u>T84-99</u>					
4 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <u>75</u> ft. ELEVATION: _____							
			Depth(s) Groundwater Encountered 1. <u>40</u> ft. 2. _____ ft. 3. _____ ft.							
			WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>2-9-84</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: <u>7.718</u> in. to <u>75</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		9 Dewatering		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:										
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>xy</u> Clamped _____										
2 PVC 4 ABS 7 Fiberglass _____ Welded _____										
Blank casing diameter <u>5</u> in. to <u>55</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.										
Casing height above land surface <u>12</u> in., weight <u>2.65</u> lbs./ft. Wall thickness or gauge No. <u>214</u>										
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: <u>118</u>										
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)										
2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____										
SCREEN-PERFORATED INTERVALS: From <u>55</u> ft. to <u>75</u> ft., From _____ ft. to _____ ft.										
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>75</u> ft., From _____ ft. to _____ ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____										
Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.										
What is the nearest source of possible contamination: <u>NONE</u>										
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										
<u>0 4 SANDY SOIL</u>										
<u>4 18 FINE SAND</u>										
<u>18 38 SANDY CLAY</u>										
<u>38 70 GRAVEL</u>										
<u>70 75 CLAY</u>										
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) <u>2-9-84</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>389</u> This Water Well Record was completed on (mo/day/yr) <u>2-15-84</u> under the business name of <u>REISER WATER WELL SERV. INC.</u> by (signature) <u>Reiser</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.										