

| | | | | |
|--------------------------|-------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL | Fraction | Section Number | Township Number | Range Number |
| County: EDWARD | C 1/4 N 1/2 N 1/2 | 36 | T 26 S | R 16 E 10 |

Distance and direction from nearest town or city? **TRUSSDALE 4 1/2 S 4 E SOUTHSIDE**

Street address of well if located within city?

2 WATER WELL OWNER: **STERLING DRILLING CO.**

RR#, St. Address, Box #: **129**

City, State, ZIP Code: **STERLING, KS 67579**

Board of Agriculture, Division of Water Resources
Application Number: **T80-207**

3 DEPTH OF COMPLETED WELL: **70** ft. Bore Hole Diameter: **9** in. to **70** ft., and _____ in. to _____ ft.

Well Water to be used as:

| | | | | |
|--------------|--------------|--------------------------|---------------------|--------------------------|
| 1 Domestic | 3 Feedlot | 5 Public water supply | 8 Air conditioning | 11 Injection well |
| 2 Irrigation | 4 Industrial | 6 Oil field water supply | 9 Dewatering | 12 Other (Specify below) |
| | | 7 Lawn and garden only | 10 Observation well | |

Well's static water level: **15** ft. below land surface measured on **June** month **16** day **1980** year

Pump Test Data **NONE**: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:

| | | | | |
|---------|------------|-------------------|-------------------------|---|
| 1 Steel | 3 RMP (SR) | 5 Wrought iron | 8 Concrete tile | Casing Joints: <u>Glued</u> <input checked="" type="checkbox"/> Clamped _____ |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ |
| | | 7 Fiberglass | | Threaded _____ |

Blank casing dia: **5** in. to **50** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **12** in., weight **236.8** lbs./ft. Wall thickness or gauge No. **214**

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) _____ |
| | | | 9 ABS | 12 None used (open hole) |

Screen or Perforation Openings Are: **1/8**

| | | | | |
|--------------------|---------------|------------------|--------------------------|---------------------|
| 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 | |
| | | 7 Torch cut | 10 Other (specify) _____ | |

Screen-Perforation Dia: **5** in. to **70** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From **50** ft. to **70** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From **45** ft. to **70** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL:

| | | | |
|---------------|----------------|-------------|---------|
| 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other |
|---------------|----------------|-------------|---------|

Grouted Intervals: From **0** ft. to **10** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: **NONE**

| | | | | |
|-----------------|---------------|------------------|---------------------------|--------------------------|
| 1 Septic tank | 4 Cess pool | 7 Sewage lagoon | 10 Fuel storage | 14 Abandoned water well |
| 2 Sewer lines | 5 Seepage pit | 8 Feed yard | 11 Fertilizer storage | 15 Oil well/Gas well |
| 3 Lateral lines | 6 Pit privy | 9 Livestock pens | 12 Insecticide storage | 16 Other (specify below) |
| | | | 13 Watertight sewer lines | |

Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No

Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump:

| | | | | | |
|---------------|-----------|-------|---------------|-----------------|---------|
| 1 Submersible | 2 Turbine | 3 Jet | 4 Centrifugal | 5 Reciprocating | 6 Other |
|---------------|-----------|-------|---------------|-----------------|---------|

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **June** month **16** day **1980** year

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 **June** month **26** day **1980** year under the business name of **MYERS WATER WELL SERVICE** by (signature) **Rudolph J. Reiser**

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

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|----|-----------------|------|----|----------------|
| 0 | 28 | SOIL-SANDY CLAY | | | |
| 28 | 35 | CLAY | | | |
| 35 | 40 | SANDY SOIL | | | |
| 40 | 50 | FINE SAND | | | |
| 50 | 70 | GRAVEL | | | |

ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 316
R 116
SEC 316
C 1/4 N 1/2 1/4 N 1/2 1/4