

LAURA 1-A

1 LOCATION OF WATER WELL
 County: KIOWA Fraction: NW 1/4 NW 1/4 NE 1/4 Section Number: 3 Township Number: T 27 S Range Number: R 16 E/W
 Distance and direction from nearest town or city? WELLSFORD TN 1 1/2 W SOUTHSIDE Street address of well if located within city?

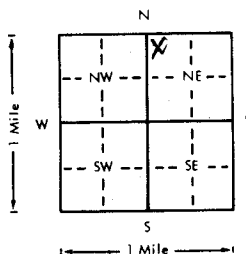
2 WATER WELL OWNER: STERLING DRILLING CO
 RR#, St. Address, Box #: 129 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: STERLING KS 67579 Application Number: T80-569

3 DEPTH OF COMPLETED WELL: 65 ft. Bore Hole Diameter: 9 in. to 65 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: 20 ft. below land surface measured on NOV month 20 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: Glued XX Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia: 5 in. to 45 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 26.5 lbs./ft. Wall thickness or gauge No. 214
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are: 1/8 5 Gauzed wrapped 8 Saw cut 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-Perforation Dia: 5 in. to 65 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 45 ft. to 65 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 40 ft. to 65 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 10 Fuel storage 14 Abandoned water well
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No X
 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 NOV month 20 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 NOV month 28 day 1980 year under the business
 name of MYERS WATER WELL SERVICE by (signature) Rudolph Myers

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


FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	20	SOIL			
20	30	SANDY CLAY			
30	40	FINE SAND			
40	65	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
827
R
16
E/W
SEC. 3
NW 1/4
NW 1/4
NE 1/4

X