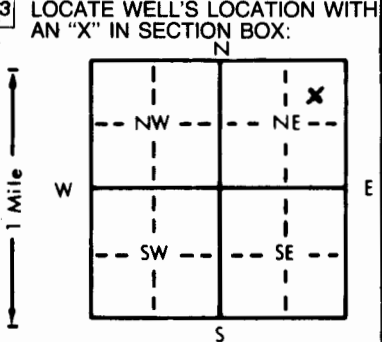


Albers B-1

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Kingman</b>	<b>C 1/4 NE 1/4 NE 1/4</b>	<b>11</b>	<b>T 29 S</b>	<b>R 10 EW</b>

Distance and direction from nearest town or city street address of well if located within city?  
**St. Leo - 2 east, 3/4 North, West into**

2 WATER WELL OWNER: <b>Fred Albers</b>	<b>770 Prod. Corp.</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>R RR</b>	<b>Suite 200</b>	
City, State, ZIP Code: <b>Cunningham, Ks. 67035</b>	<b>200 W. Douglas</b>	Application Number:
	<b>Wichita, Ks. 67202</b>	



4 DEPTH OF COMPLETED WELL: <b>90'</b> ft.	ELEVATION: <b>1745 gr.</b>
Depth(s) Groundwater Encountered: 1. .... ft. 2. .... ft. 3. .... ft.	
WELL'S STATIC WATER LEVEL: <b>34'</b> ft. below land surface measured on <b>11/10/89</b>	
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: .... in. to .... ft., and .... in. to .... ft.	
WELL WATER TO BE USED AS:	
1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 5 Public water supply <input checked="" type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/>	
2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 6 Oil field water supply <input checked="" type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/>	
Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted	
Water Well Disinfected? Yes <input type="checkbox"/> No <input type="checkbox"/>	

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued .... Clamped ....
1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/>	6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/>	7 Fiberglass <input type="checkbox"/>	Welded .... Threaded ....
<b>2 PVC</b> <input checked="" type="checkbox"/> 4 ABS <input type="checkbox"/>			
Blank casing diameter: <b>5'</b> in. to <b>90'</b> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.			
Casing height above land surface: .... in., weight .... lbs./ft. Wall thickness or gauge No. ....			
TYPE OF SCREEN OR PERFORATION MATERIAL:	<b>7 PVC</b> <input checked="" type="checkbox"/>	10 Asbestos-cement <input type="checkbox"/>	
1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/>	6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole) <input type="checkbox"/>		
2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/>			
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/>		
1 Continuous slot <input type="checkbox"/> 3 Mill slot <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"/>		
2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/>			
SCREEN-PERFORATED INTERVALS: From <b>90'</b> ft. to <b>?</b> ft., From .... ft. to .... ft., From .... ft. to .... ft.			
GRAVEL PACK INTERVALS: From .... ft. to .... ft., From .... ft. to .... ft., From .... ft. to .... ft.			

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<b>90'</b>	<b>24 1/2'</b>	<b>Pumped and mixed neat cmt.</b>			
		<b>Cut off casg. 3' below ground level and covered w/ dirt.</b>			

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) <b>11/22/82</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>N.A.</b> This Water Well Record was completed on (mo/day/yr) <b>3/26/89</b> under the business name of <b>770 Prod. Corp.</b> by (signature) <b>[Signature]</b>
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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.