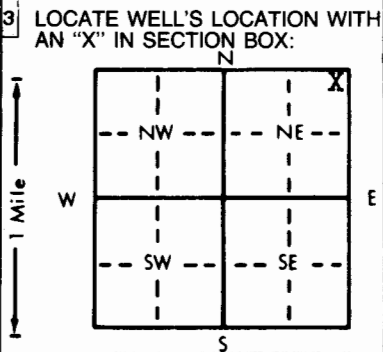


1 LOCATION OF WATER WELL: County: **SEWARD** Fraction: **NE 1/4 NE 1/4 NE 1/4** Section Number: **19** Township Number: **T 31 S** Range Number: **R 32 E/W**

Distance and direction from nearest town or city street address of well if located within city?
9 South ~~100~~ of Sublette, Kansas

2 WATER WELL OWNER: **Mr. John Stonestreet**
 RR#, St. Address, Box #: **RFD** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Sublette, Kansas 67877** Application Number: **----**



4 DEPTH OF COMPLETED WELL: **260** ft. ELEVATION: **Slope**
 Depth(s) Groundwater Encountered: 1. **Not available** ft. 2. **---** ft. 3. **---** ft.
 WELL'S STATIC WATER LEVEL: **191** ft. below land surface measured on mo/day/yr **October 3, 1985**
 Pump test data: Well water was **---** ft. after **---** hours pumping **---** gpm
 Est. Yield: **20** gpm; Well water was **---** ft. after **---** hours pumping **---** gpm
 Bore Hole Diameter: **9.7/8** in. to **260** ft., and **---** in. to **---** ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
XXX Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes **---** No **XX**; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes **XX** No **---**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **XX** Clamped **---**
XX PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded **---**
 7 Fiberglass Threaded **---**
 Blank casing diameter: **5** in. to **220** ft., Dia **---** in. to **---** ft., Dia **---** in. to **---** ft.
 Casing height above land surface: **15** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **265**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) **---**
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 5 Gauzed wrapped **XXX** 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-PERFORATED INTERVALS: From **220** ft. to **260** ft., From **---** ft. to **---** ft.
 From **---** ft. to **---** ft., From **---** ft. to **---** ft.
 GRAVEL PACK INTERVALS: From **14** ft. to **260** ft., From **---** ft. to **---** ft.
 From **---** ft. to **---** ft., From **---** ft. to **---** ft.

6 GROUT MATERIAL: **XX** Neat cement 2 Cement grout 3 Bentonite 4 Other **---**
 Grout Intervals: From **4** ft. to **14** ft., From **---** ft. to **---** ft., From **---** ft. to **---** ft.
 What is the nearest source of possible contamination:
XX 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? **East** How many feet? **100**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	110	Clay w/Sand Streaks			
110	181	Med. to Lar. Sand			
181	188	Clay			
188	206	Fine Sand and Gravel			
206	209	Clay			
209	230	Med. Gravel			
230	308	Green and Blue Clay			
308	343	Blue Clay			
343	346	Blue Clay and Fine Sand			
346	398	Blue Clay			
398	408	Med. Gravel			
408	420	Blue Clay			

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) **October 13, 1985** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **252**. This Water Well Record was completed on (mo/day/year) **October 17, 1985** under the business name of **FRIESEN WINDMILL & SUPPLY INC.** by (signature) *[Signature]*

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.

910000000-22

OFFICE USE ONLY
T 31
R 32
SEC. 19
NE 1/4
NE 1/4
NE 1/4