

LOCATION OF WATER WELL County: <b>Seward</b>	Fraction <b>SW 1/4 NE 1/4 NE 1/4</b>	Section Number <b>9</b>	Township Number <b>T 32 S</b>	Range Number <b>R 34 E/W</b>
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Distance and direction from nearest town or city? **3 1/2 S, 10 E, 1 N, 1/2 E of Moscow**  
 Street address of well if located within city?

WATER WELL OWNER: **Clint Stalker**  
 #, St. Address, Box # : **Satanta, Kansas 67870**  
 State, ZIP Code : **Satanta, Kansas 67870**  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

DEPTH OF COMPLETED WELL: **282** ft. Bore Hole Diameter: **9 7/8** in. to **282** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 All 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 **XXXI2** Other (Specify below)  
 7 Lawn and garden only 10 Observation well **Stock**  
 Well's static water level: **165** ft. below land surface measured on **April 18** month **18** day **1980** year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Yield **40+** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

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 dia: **5** in. to **202** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: **24** in. weight **3.92** lbs./ft. Wall thickness or gauge No. **375**

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:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped **XXX**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 **282** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals:  
 From **202** ft. to **282** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Level Pack Intervals:  
 From **14** ft. to **282** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GROUT MATERIAL: **XXX** Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Spaced Intervals: From **4** ft. to **14** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 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 **XXX16** Other (specify below)  
**Creek**

Direction from well: **East** How many feet: **200**? Water Well Disinfected? Yes **XXX** No  
 Has a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **XXX** If yes, date sample submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes **XXX** No  
 Yes: Pump Manufacturer's name: **Aermotor** Model No. **SD12-75** HP **1** Volts **220**  
 Depth of Pump Intake: **205** ft. Pumps Capacity rated at **10** gal./min.  
 Type of pump: **XXXX** Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **May 30** month **30** day **1980** year.  
 I certify 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 **June** month **17** day **1980** year under the business name of **Friesen Windmill & Supply Inc.** by (signature)

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	7	Top Soil			
	7	68	Clay			
	68	104	Med. to Lar. Sand and Gravel			
	104	118	Clay			
	118	275	Med. to Lar. Sand and Gravel			
	275	288	Yellow Clay			

ELEVATION: **Slope**  
 Depth(s) Groundwater Encountered **1. Not available** 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 one for your records.

OFFICE USE ONLY  
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EW  
SEC.  
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SW  
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