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|-----------------------------|-----------------------------|----------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL | Fraction | Section Number | Township Number | Range Number |
| County: <u>POTTAWATOMBE</u> | <u>NE 1/4 NE 1/4 NW 1/4</u> | <u>1</u> | <u>T 10 S</u> | <u>R 11 EW</u> |

Distance and direction from nearest town or city? 2E OF BELVUE Street address of well if located within city?

2 WATER WELL OWNER: DR. OTTO
 RR#, St. Address, Box #: RR. 1
 City, State, ZIP Code: ARLINGTON, NEBRASKA 68002
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 50 ft. Bore Hole Diameter: 12 in. to ... ft., and ... in. to ... ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level: 28 ft. below land surface measured on APRIL month 15 day 81 year
 Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm
 Est. Yield 50 gpm: Well water was ... ft. after ... hours pumping ... gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 2 PVC 4 ABS 7 Fiberglass 10 Asbestos-cement
 11 Other (specify)
 12 None used (open hole)
 Blank casing dia: 5 in. to 0-40 ft., Dia in. to ... ft., Dia in. to ... ft.
 Casing height above land surface: 24 in., weight 2.86 lbs./ft. Wall thickness or gauge No. 250
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 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 ... ft., Dia in. to ... ft., Dia in. to ... ft.
 Screen-Perforated Intervals: From 40 ft. to 50 ft., From ... ft. to ... ft., From ... ft. to ... ft.
 Gravel Pack Intervals: From 10 ft. to 50 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:
 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: S How many feet: 90 ? 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 APRIL month 15 day 1981 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182
 This Water Well Record was completed on MAY month 4 day 1981 year under the business name of STRAIDER DRUG CO., INC. by (signature) Dale Astoren

| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|--|------|----|---|------|----|----------------|
| | 0 | 7 | TOP SOIL | | | |
| | 7 | 28 | CLAY BROWN | | | |
| | 28 | 33 | FINE SAND, BROWN | | | |
| | 33 | 50 | FINE SAND, COURSE SAND, PEA GRAVEL, BROWN | | | |

ELEVATION:
 Depth(s) Groundwater Encountered 1. 28 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.

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