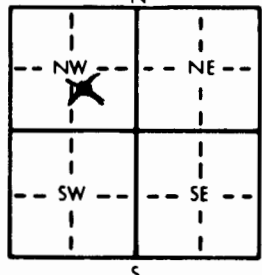


1 LOCATION OF WATER WELL: Fraction near 1/4 center 1/4 NW 1/4 Section Number 21 Township Number T 18 S Range Number R 2 E  
 County: Marion

Distance and direction from nearest town or city street address of well if located within city?  
1 mile East of Durham, KS

2 WATER WELL OWNER: Clyde Jost  
 RR#, St. Address, Box #: RR #3 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Hillsboro, KS 67063 Application Number: 42,069

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL 58 ft. ELEVATION: \_\_\_\_\_ ft.  
 Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL 4 ft. below land surface measured on mo/day/yr 7/15/97  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 100-200 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter 20 in. to 58 in. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  \_\_\_\_\_; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes  No \_\_\_\_\_

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued  Clamped \_\_\_\_\_  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 PVC 4 ABS 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing diameter 10 in. to 20 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 12 in., weight 8.878 lbs./ft. Wall thickness or gauge No. 413  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  PVC 10 Asbestos-cement  
 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot  Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From 20 ft. to 58 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From 20 ft. to 58 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement  Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grout Intervals: From 0 ft. to 20 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination: none within 1/4 mile 10 Livestock pens 14 Abandoned water well  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage \_\_\_\_\_

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil			
3	16	Gray Clay			
16	20	Fine Sand With Clay			
20	31	Dark Gray Clay			
31	34	Fine Sand Some Gravel			
34	36	Gray Clay			
36	43	Fine Sand With Streaks of Gray clay			
43	47	Blue Clay with some fine sand			
47	58	Shale (some broken layers)			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ( constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7/15/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 7/21/97 under the business name of Peterson Irrigation, Inc. by (signature) Mike Peterson

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E W SEC. 1/4 1/4 1/4