

1 LOCATION OF WATER WELL: County: <u>Clyde</u>		Fraction <u>NW</u> <u>SE</u>	Section Number <u>19</u>	Township Number T <u>4</u> S	Range Number R <u>1</u> EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <u>Mike Lundquist</u> RR#, St. Address, Box # : City, State, ZIP Code : <u>Clyde Kansas 66938</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>60'</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>45'</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>30'</u> ft. below land surface measured on mo/day/yr <u>3-25-93</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>20</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8"</u> in. to <u>60</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: ☒ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Injection well ☐ Irrigation ☐ Industrial ☐ Lawn and garden only ☐ Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued ☒ Clamped _____			
☒ Steel ☐ RMP (SR) ☒ PVC ☐ ABS ☐ Wrought iron ☐ Asbestos-Cement ☐ Other (specify below)		Welded _____ Threaded _____			
Blank casing diameter <u>5"</u> in. to <u>45</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12"</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>12.51</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		☒ PVC ☐ Asbestos-cement			
☐ Steel ☐ Stainless steel ☐ Fiberglass ☐ RMP (SR) ☐ Brass ☐ Galvanized steel ☐ Concrete tile ☐ ABS ☐ None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		☒ Saw cut ☐ None (open hole)			
☐ Continuous slot ☐ Mill slot ☐ Wire wrapped ☐ Drilled holes ☐ Louvered shutter ☐ Key punched ☐ Torch cut ☐ Other (specify)					
SCREEN-PERFORATED INTERVALS: From <u>45</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		☒ Bentonite ☐ Other			
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		☐ Livestock pens ☐ Abandoned water well ☐ Fuel storage ☐ Oil well/Gas well ☐ Fertilizer storage ☐ Other (specify below) ☐ Insecticide storage			
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Sewer lines ☐ Cess pool ☐ Sewage lagoon ☐ Watertight sewer lines ☐ Seepage pit ☒ Feedyard					
Direction from well? <u>East (downhill)</u>		How many feet? <u>150'</u>			
LITHOLOGIC LOG		PLUGGING INTERVALS			
FROM	TO				
<u>0</u>	<u>3</u>				
<u>3</u>	<u>45</u>				
<u>45</u>	<u>60</u>				
<u>60</u>					
<u>Topsoil</u>					
<u>Calico clay</u>					
<u>Sandrock</u>					
<u>clay</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-25-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>361</u> This Water Well Record was completed on (mo/day/yr) <u>6-10-93</u> under the business name of <u>Cox-Beswick IARR SERV.</u> by (signature) <u>Donie Beswick</u>					

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.