

LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>CLAY</u>		<u>SE</u> 1/4 <u>SE</u> 1/4 <u>NW</u> 1/4	<u>13</u>	<u>T</u> <u>6</u> <u>S</u>	<u>R</u> <u>1</u> <u>NE</u> <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>XXXXX</u> <u>1/2 Mile East 2 1/2 Mile South of Clifton</u>					
WATER WELL OWNER: <u>J. Wilbur Taddiken</u>					
R#, St. Address, Box # :			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Clifton, Kansas 66937</u>			Application Number:		
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>70'</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. <u>36'</u> ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL ..... <u>18'</u> ft. below land surface measured on mo/day/yr <u>11-5-81</u>			
		Pump test data: Well water was ..... <u>70'</u> ft. after <u>3/4</u> hours pumping ..... <u>100</u> gpm			
		Est. Yield ..... <u>150</u> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Bore Hole Diameter. <u>8"</u> in. to ..... <u>70'</u> ft., and ..... in. to ..... ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) <input type="checkbox"/> 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter ..... <u>5"</u> in. to ..... <u>60'</u> ft., Dia. .... in. to ..... ft., Dia. .... in. to ..... ft.				8 Concrete tile	
Casing height above land surface ..... <u>12</u> in., weight ..... <u>3</u> lbs./ft. Wall thickness or gauge No. .... <u>.258</u>				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		<input checked="" type="checkbox"/> 7 PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) .....	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		<input checked="" type="checkbox"/> 8 Saw cut	
2 Louvered shutter		4 Key punched		9 Drilled holes	
				10 Other (specify) .....	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From ..... <u>60</u> ft. to ..... <u>70</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... <u>10</u> ft. to ..... <u>70</u> ft., From ..... ft. to ..... ft.					
GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout    3 Bentonite    4 Other .....					
Grout Intervals: From ..... <u>0</u> ft. to ..... <u>10'</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		<input checked="" type="checkbox"/> 10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
				7 Pit privy	
				8 Sewage lagoon	
				9 Feedyard	
				How many feet? <u>100'</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	20	Top Soil & Clay			
20	28	Sand <del>XXXXXX</del>			
28	36	Sand & Gravel			
36	55	Gravel			
55	65	Sand & Gravel			
65	70	Clay Lense			
70		Shale			
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>November 5, 1981</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>11-5-81</u> ..... under the business name of <u>Cox-Beswick Irrigation Service, Inc.</u> by (signature) <u>James Cox</u>					
INSTRUCTIONS: Use typewriter or ball point pen, <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.					