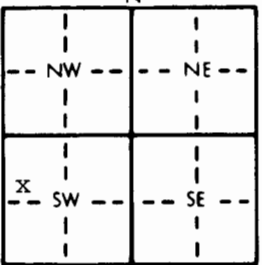


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: Sedgwick		SW 1/4 NW 1/4 SW 1/4	4		T 29 S	R 1 E/W
Distance and direction from nearest town or city street address of well if located within city? Approximately 1/8 mile east of Bayneville						
2 WATER WELL OWNER:		John W. Dugan				
RR#, St. Address, Box # :		Route 1 - Box 37				
City, State, ZIP Code :		Clearwater, KS 67026				
		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: 120 ft. ELEVATION: unknown				
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.				
		WELL'S STATIC WATER LEVEL . . . 27' . . . ft. below land surface measured on mo/day/yr . . . 3-27-96				
		Pump test data: Well water was not ch'd . . . ft. after . . . hours pumping . . . gpm				
		Est. Yield unknown gpm: Well water was . . . ft. after . . . hours pumping . . . gpm				
		Bore Hole Diameter . . . 5 . . . in. to . . . 120 . . . ft., 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)				
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well . . . Observation well				
		Was a chemical/bacteriological sample submitted to Department? Yes . . . No . . . X . . . If yes, mo/day/yr sample was submitted				
		Water Well Disinfected? Yes . . . X . . . No				
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued . . . X . . . Clamped . . .				
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded . . .				
2 PVC 4 ABS		7 Fiberglass . . . Threaded . . .				
Blank casing diameter . . . 2 . . . in. to . . . 98 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.						
Casing height above land surface . . . 24 . . . in., weight . . . 44 . . . lbs./ft. Wall thickness or gauge No. . . 091						
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 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 3 Mill slot 6 Wire wrapped 9 Drilled holes						
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) . . .						
SCREEN-PERFORATED INTERVALS: From . . . 98 . . . ft. to . . . 118 . . . ft., From . . . ft. to . . . ft.						
From . . . ft. to . . . ft., From . . . ft. to . . . ft.						
GRAVEL PACK INTERVALS: From . . . 20 . . . ft. to . . . 49.4 . . . ft., From . . . ft. to . . . ft.						
From . . . 58 . . . ft. to . . . 120 . . . ft., From . . . ft. to . . . ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug						
Grout Intervals: From . . . ft. to . . . ft., From . . . 0 . . . ft. to . . . 20 . . . ft., From . . . 49.4 . . . ft. to . . . 58 . . . ft.						
What is the nearest source of possible contamination:		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 . . . None known						
Direction from well?		How many feet?				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	4	Topsoil			clean, loose	
4	26	Clay, brown, hard	116	118	Clay, green, hard	
26	36	Clay, white, hard	118	120	Shale, black, hard	
36	38	Sand and gravel, medium and fine				
38	40	Clay, brown, hard				
40	44	Clay, white, hard				
44	54	Clay, blue-green, soft				
54	56	Sand and gravel, medium and fine				
56	64	Clay, blue-green, soft				
64	66	Clay, brown, hard				
66	69	Sand and gravel, medium and fine				
69	70	Clay, brown, hard				
70	84	Sand and gravel, medium and fine				
84	102	Clay, brown, hard				
102	116	Sand and gravel, medium and fine,				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . 3-27-96 . . . and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. . . . 185 . . . This Water Well Record was completed on (mo/day/yr) . . . 6-26-96 . . .						
under the business name of Clarke Well & Equipment, Inc. by (signature) . . .						
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.						