

1 LOCATION OF WATER WELL
 County: **REPUBLIC** Fraction **SW 1/4 SW 1/4 SW 1/4** Section Number **12** Township Number **T 4 S** Range Number **R 1 E**
 Distance and direction from nearest town or city? **2 1/2 EAST OF AGENDA** Street address of well if located within city?

2 WATER WELL OWNER: **ART OSTLUND**
 RR#, St. Address, Box #: **AGENDA, KANSAS CLYDE, KANS 66938** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **AGENDA, KANSAS CLYDE, KANS 66938** Application Number:

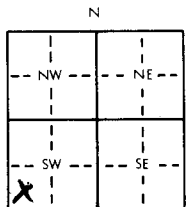
3 DEPTH OF COMPLETED WELL: **120** ft. Bore Hole Diameter: **8** in. to **120** ft., and ... in. to ... ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: **60** ft. below land surface measured on **12** month **18** day **79** year
 Pump Test Data: Well water was **NA** ft. after ... hours pumping ... gpm
 Est. Yield **20** gpm: Well water was **NA** ft. after ... hours pumping ... gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Casing Joints: Glued Clamped ...
 Blank casing dia: **5** in. to **100** ft., Dia ... in. to ... ft., Dia ... in. to ... ft., Dia ... in. to ... ft.
 Casing height above land surface: **12** in., weight **3** lbs./ft. Wall thickness or gauge No. **258**
 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 6 Wire wrapped 7 Torch cut 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched
 Screen-Perforation Dia: **5** in. to **120** ft., Dia ... in. to ... ft., Dia ... in. to ... ft., Dia ... in. to ... ft.
 Screen-Perforated Intervals: From **100** ft. to **120** ft., From ... ft. to ... ft., From ... ft. to ... ft., From ... ft. to ... ft.
 Gravel Pack Intervals: From **14** ft. to **120** ft., From ... ft. to ... ft., From ... ft. to ... ft., From ... ft. to ... ft.

5 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From **4** ft. to **14** ft., From ... ft. to ... 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 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) **PROPOSED**
 Direction from well: **SOUTH** How many feet: **150** ? 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 constructed, reconstructed, or plugged under my jurisdiction and was completed on **12** month **18** day **79** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **359**
 This Water Well Record was completed on **12** month **20** day **79** year under the business name of **DARYL COX & SONS INC** by (signature) **Daryl Cox**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	TOPSOIL	120		STOP
3	10	BROWN CLAY			
10	16	SANDROCK			
16	26	BLUE CLAY			
26	35	SANDROCK W/CLAY			
35	49	BLUE CLAY			
49	54	SANDROCK			
54	59	BLUE CLAY			
59	75	SANDROCK			
75	90	BLUE CLAY			
90	120	SANDROCK			

ELEVATION: **1480**

Depth(s) Groundwater Encountered 1. ... **30** 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.