

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: CLOUD		NW 1/4 NE 1/4 NE 1/4		29		T 5 S		R 1 W	
Distance and direction from nearest town or city street address of well if located within city?									
2 miles West of Clyde, KS									
2 WATER WELL OWNER: Rick Moore									
RR#, St. Address, Box # : RR 1									
City, State, ZIP Code : Clyde, KS 66938									
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: 58 ft. ELEVATION:									
Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.									
WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 3/3/00									
Pump test data: Well water was ft. after hours pumping gpm									
Est. Yield 50-100 gpm: Well water was ft. after hours pumping gpm									
Bore Hole Diameter 9 in. to 62 ft. and in. to ft.									
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
<input checked="" type="checkbox"/> 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									
Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was sub-									
mitted									
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped									
<input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
7 Fiberglass Threaded									
Blank casing diameter 5 in. to 48 ft. Dia in. to ft. Dia in. to ft.									
Casing height above land surface 12 in. weight 2.37 lbs./ft. Wall thickness or gauge No. 214									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
<input checked="" type="checkbox"/> 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:									
1 Continuous slot <input checked="" type="checkbox"/> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes									
7 Torch cut 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From 48 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 2 Cement grout <input checked="" type="checkbox"/> 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:									
<input checked="" type="checkbox"/> 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? South How many feet? 50									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 3 Topsoil									
3 8 Sandy, Brown Clay									
8 32 Fine to Medium, Gray Sand									
32 60 Medium to Coarse, Gray Sand									
60 62 Red Shale									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was									
completed on (mo/day/year) 3/6/00 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) 3/8/00									
under the business name of PETERSON IRRIGATION, INC. by (signature) <i>Michael Peterson</i>									
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send 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.									