

|   |  |   |  |                |  |   |  |                             |  |
|---|--|---|--|----------------|--|---|--|-----------------------------|--|
| 1 LOCATION OF WATER WELL:   |  | Fraction  |  | Section Number |  | Township Number                                   |  | Range Number                |  |
| County: <b>Cloud</b>  |  | <b>SE</b> ¼ <b>SW</b> ¼ <b>SW</b> ¼   |  | <b>1</b>       |  | <b>T</b> <b>5</b> <b>S</b>                        |  | <b>R</b> <b>1</b> <b>KW</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?   |  |   |  |                |  |   |  |                             |  |
| <b>2 miles South of Clyde, KS</b>   |  |   |  |                |  |   |  |                             |  |
| 2 WATER WELL OWNER: <b>Todd Cyr</b>   |  |   |  |                |  |   |  |                             |  |
| RR#, St. Address, Box # : <b>RR 2, Box 53</b>   |  |   |  |                |  | Board of Agriculture, Division of Water Resources |  |                             |  |
| City, State, ZIP Code : <b>Clyde, KS 66938</b>  |  |   |  |                |  | Application Number: <b>4704</b>                   |  |                             |  |
| 3 LOCATE WELL'S LOCATION WITH   |  | 4 DEPTH OF COMPLETED WELL: <b>72</b> ft. ELEVATION:   |  |                |  |   |  |                             |  |
| AN "X" IN SECTION BOX:  |  | Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.                                       |  |                |  |   |  |                             |  |
|   |  | WELL'S STATIC WATER LEVEL <b>21</b> ft. below land surface measured on mo/day/yr <b>4/24/01</b>                     |  |                |  |   |  |                             |  |
|   |  | Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm                            |  |                |  |   |  |                             |  |
|   |  | Est. Yield <b>700-800</b> gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm             |  |                |  |   |  |                             |  |
|   |  | Bore Hole Diameter. <b>30</b> in. to <b>72</b> 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)                                 |  |                |  |   |  |                             |  |
|   |  | <input checked="" type="checkbox"/> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring 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  |  |   |  |                |  |   |  |                             |  |
| 5 TYPE OF BLANK CASING USED:  |  |   |  |                |  |   |  |                             |  |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued. <input checked="" type="checkbox"/> Clamped. . . . .   |  |   |  |                |  |   |  |                             |  |
| <input checked="" type="checkbox"/> PVC 4 ABS 7 Fiberglass . . . . . Threaded. . . . .  |  |   |  |                |  |   |  |                             |  |
| Blank casing diameter <b>16</b> in. to <b>32</b> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  |  |   |  |                |  |   |  |                             |  |
| Casing height above land surface. <b>12</b> in., weight <b>16.15</b> lbs./ft. Wall thickness or gauge No. <b>500</b>  |  |   |  |                |  |   |  |                             |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |  |   |  |                |  |   |  |                             |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement  |  |   |  |                |  |   |  |                             |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) . . . . .   |  |   |  |                |  |   |  |                             |  |
| 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) . . . . . ft.  |  |   |  |                |  |   |  |                             |  |
| SCREEN-PERFORATED INTERVALS: From. <b>32</b> ft. to <b>72</b> ft., From . . . . . ft. to . . . . . ft.  |  |   |  |                |  |   |  |                             |  |
| GRAVEL PACK INTERVALS: From. <b>25</b> ft. to <b>72</b> ft., From . . . . . ft. to . . . . . ft.  |  |   |  |                |  |   |  |                             |  |
| 6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other . . . . .  |  |   |  |                |  |   |  |                             |  |
| Grout Intervals: From. <b>3</b> ft. to <b>25</b> ft., From . . . . . ft. to . . . . . ft.   |  |   |  |                |  |   |  |                             |  |
| What is the nearest source of possible contamination:   |  |   |  |                |  |   |  |                             |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well   |  |   |  |                |  |   |  |                             |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well  |  |   |  |                |  |   |  |                             |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage <input checked="" type="checkbox"/> Other (specify below)   |  |   |  |                |  |   |  |                             |  |
| Direction from well? <b>West</b> 13 Insecticide storage <b>old irrigation well</b>  |  |   |  |                |  |   |  |                             |  |
| How many feet? <b>300</b>   |  |   |  |                |  |   |  |                             |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS   |  |   |  |                |  |   |  |                             |  |
| <b>0 3 Topsoil</b>  |  |   |  |                |  |   |  |                             |  |
| <b>3 29 Clay, Gray</b>  |  |   |  |                |  |   |  |                             |  |
| <b>29 41 Sand, medium to coarse</b>   |  |   |  |                |  |   |  |                             |  |
| <b>41 47 Sandstone, hard</b>  |  |   |  |                |  |   |  |                             |  |
| <b>47 57 Sandstone, fine, soft</b>  |  |   |  |                |  |   |  |                             |  |
| <b>57 71 Sandstone, coarse</b>  |  |   |  |                |  |   |  |                             |  |
| <b>71 72 Shale, gray</b>  |  |   |  |                |  |   |  |                             |  |
| 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) <b>4/30/01</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <b>138</b> This Water Well Record was completed on (mo/day/yr) <b>5/3/01</b> under the business name of <b>Peterson Irrigation, Inc.</b> by (signature) <i>Mike 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 top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.   |  |   |  |                |  |   |  |                             |  |