

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Cloud</u>		SW 1/4 SW 1/4 SE 1/4		24		T 5 S		R 1 E/W			
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 North 1/2 East of Clyde</u>											
2 WATER WELL OWNER: <u>Morris Resco</u>											
RR#, St. Address, Box # : <u>Roural Route</u>						Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <u>Clyde, Kansas 66938</u>						Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>150</u> ft. ELEVATION: <u>1362</u>									
		Depth(s) Groundwater Encountered 1. <u>126</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>100</u> ft. below land surface measured on mo/day/yr <u>4/9/1982</u> Pump test data: Well water was <u>NA</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8</u> in. to <u>150</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <u>X 1 Domestic</u> 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 Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes <u>X</u> No _____									
5 TYPE OF BLANK CASING USED:											
1 Steel			3 RMP (SR)			5 Wrought iron			8 Concrete tile		
<u>X2 PVC</u>			4 ABS			6 Asbestos-Cement			9 Other (specify below)		
						7 Fiberglass			CASING JOINTS: Glued <u>X</u> Clamped _____		
									Welded _____		
									Threaded _____		
Blank casing diameter <u>5</u> in. to <u>130</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.											
Casing height above land surface <u>12</u> in., weight <u>3</u> lbs./ft. Wall thickness or gauge No. <u>258</u>											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel			3 Stainless steel			5 Fiberglass			<u>X 7 PVC</u>		
2 Brass			4 Galvanized steel			8 RMP (SR)			10 Asbestos-cement		
						9 ABS			11 Other (specify) _____		
									12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot			3 Mill slot			5 Gauzed wrapped			<u>X 8 Saw cut</u>		
2 Louvered shutter			4 Key punched			6 Wire wrapped			9 Drilled holes		
						7 Torch cut			10 Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From <u>130</u> ft. to <u>150</u> ft., From _____ ft. to _____ ft.											
From <u>14</u> ft. to <u>150</u> ft., From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
6 GROUT MATERIAL: <u>X 1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____											
Grout Intervals: From <u>4</u> ft. to <u>14</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
What is the nearest source of possible contamination:											
1 Septic tank			4 Lateral lines			7 Pit privy			<u>X 11 Fuel storage</u>		
2 Sewer lines			5 Cess pool			8 Sewage lagoon			12 Fertilizer storage		
3 Watertight sewer lines			6 Seepage pit			9 Feedyard			13 Insecticide storage		
									14 Abandoned water well		
									15 Oil well/Gas well		
									16 Other (specify below)		
Direction from well? <u>West</u> How many feet? <u>150</u>											
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG					
0	3	topsoil									
3	15	brown clay									
15	25	sandrock (soft)									
25	32	blue clay									
32	65	red clay									
65	87	gray clay									
87	117	blue clay w/ sandrock layers									
117	126	sandrock (hard)									
126	130	blue clay w/ sandrock layers									
130	150	sandrock									
150		stop									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>X 1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/9/1982</u> and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No. <u>359</u> This Water Well Record was completed on (mo/day/yr) <u>4/15/1982</u>											
under the business name of <u>Daryl Cox & Sons Inc.</u> by (signature) <u>Daryl 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.											

OFFICE USE ONLY

T

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E/W

SEC.

24

SW 1/4

SW 1/4

SE 1/4

SW 1/4