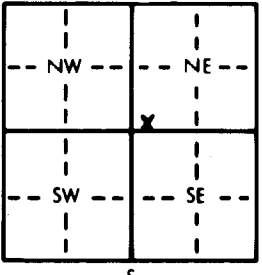


1 LOCATION OF WATER WELL: Fraction NW NW SW NE Section Number 26 Township Number T 5 S Range Number R 17 E/W
 County: CLOUD SW 1/4 SW 1/4 NE 1/4

Distance and direction from nearest town or city street address of well if located within city?
in the city limits of Clyde - Main Street 231 Washington Street

2 WATER WELL OWNER: Clyde I.G.A. Lee Biery
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Clyde, Kansas 66938 Application Number: _____

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

 4 DEPTH OF COMPLETED WELL: 40' ft. ELEVATION: 1275'
 Depth(s) Groundwater Encountered 1. 20 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 17 ft. below land surface measured on mo/day/yr 9-30-83
 Pump test data: Well water was 40 ft. after 3 1/4 hours pumping 30 gpm
 Est. Yield 30 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 8" in. to 40' ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
X1 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
 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 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 _____
X 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter 5" in. to 28" 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: X 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 X 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 28 ft. to 40 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 10 ft. to 40 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement X 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: NONE
 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 16 Other (specify below)
 13 Insecticide storage _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	20	Clay			
20	40	Sand & Gravel			
40		Clay			

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) Sept. 30, 1983 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 361 This Water Well Record was completed on (mo/day/yr) Sept. 30, 1983 under the business name of Cox-Beswick Irrigation Service, Inc. by (signature) Francis Cox

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY