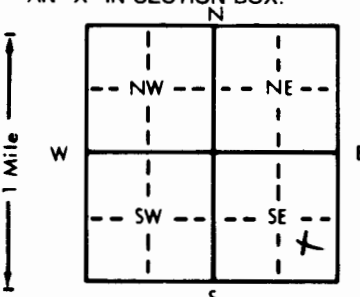


1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 SE 1/4 Section Number 26 Township Number T 5 S Range Number R 1 EAST
 County: CLOUD

Distance and direction from nearest town or city street address of well if located within city?
S-SIDE OF WASHINGTON ST - EAST OF GRANT - W OF MW #11

2 WATER WELL OWNER: CLYDE COOP ELEVATOR ASSOC
 RR#, St. Address, Box # : 426 WASHINGTON ST CLYDE KS 66738 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Application Number:

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


4 DEPTH OF COMPLETED WELL: 25 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 24 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL NA 24 ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was NA ft. after _____ hours pumping _____ gpm
 Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 7.25 in. to 25 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)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well TEST - SOIL WATER
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED: NONE
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass NONE Threaded _____
 Blank casing diameter NA 999 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface NA 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL: NA 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: NA 5 Gauzed wrapped 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 NA ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 SAND GRAVEL PACK INTERVALS: From 20 ft. to 25 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other BENTONITE GROUT
 Grout Intervals: From 2 ft. to 18 ft., From 18 ft. to 20 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 16 Other (specify below)
 13 Insecticide storage CONTAMINATED SITE
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	10"	BRICK-CONCRETE	GL	2	BRICK & CONCRETE
10"	2'	BACK FILL	2	18	BENTONITE GROUT
2'	16'	SILTY CLAY	18	20	BENTONITE
16	20	SILTY CLAY-TRACE SD-DK-BR.	20	25	SAND
20	24	SILTY CLAY-SD INCLINACE DR GRN			
		STRONG PET. ODOR			
24	25	SILTY SAND - IN GRAIN			
		WATER AT 24' - STRONG			
		PETRO. ODOR & STRAINS			

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) 06-03-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 479 This Water Well Record was completed on (mo/day/yr) 07-01-93 under the business name of EBBERTS DRILLING by (signature) Morgan Ebberts

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.