

| | | | | |
|---|---|-----------------------------|---------------------------------|--------------------------------|
| 1 LOCATION OF WATER WELL: County: Cloud | Fraction NE 1/4 NW 1/4 SW 1/4 | Section Number 11 | Township Number T 5 S | Range Number R 2 E/W |
|---|---|-----------------------------|---------------------------------|--------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
6 miles west & 2 1/2 miles north of Clyde, KS

2 WATER WELL OWNER: **Ed Olson**
RR#, St. Address, Box # : **Rt. 2**
City, State, ZIP Code : **Clyde, KS 66938**

Board of Agriculture, Division of Water Resources
Application Number: **42,601**

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

4 DEPTH OF COMPLETED WELL: **116** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **45** ft. below land surface measured on mo/day/yr **7/2/97**

Pump test data: Well water was **100.5** ft. after **3** hours pumping **500** gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: **30** in. to **1.16** 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 |
| <input checked="" type="checkbox"/> Irrigation | 4 Industrial | 7 Lawn and garden only |
| | | 10 Monitoring well |
| | | 12 Other (Specify below) |

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes 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: **16** in. to **56** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.

Casing height above land surface: **12** in., weight **16.15** lbs./ft. Wall thickness or gauge No. **500**

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|---------|--------------------|-----------------|---|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | <input checked="" type="checkbox"/> PVC | 10 Asbestos-cement |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 8 RMP (SR) | 11 Other (specify) |
| | | | 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 **56** ft. to **116** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **116** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 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: **none within 1 mile**

| | | | | |
|--------------------------|-----------------|-----------------|------------------------|--------------------------|
| 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 | PLUGGING INTERVALS |
|------|-----|-----------------------------------|------|----|--------------------|
| 0 | 3 | Topsoil | | | |
| 3 | 12 | Gray Clay | | | |
| 12 | 30 | Tan Clay | | | |
| 30 | 36 | Brown Clay & Sandstone | | | |
| 36 | 45 | Tan Clay | | | |
| 45 | 59 | Gray Shale with Sandstone streaks | | | |
| 59 | 62 | Iron Pirite | | | |
| 62 | 115 | Sand stone - Tan & Soft | | | |
| 115 | 116 | Gray Shale | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **7/2/97** 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) **7/17/97** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

OFFICE USE ONLY

T

R

EW

SEC.

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1/4

1/4