

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Norton	NE 1/4 NW 1/4 NE 1/4	15	T 5 S	R 23

Distance and direction from nearest town or city? **4 W Edmond**

Street address of well if located within city?

2 WATER WELL OWNER: **Robert Clydesdale**

RR#, St. Address, Box #: **Edmond, Kansas**

City, State, ZIP Code: **Edmond, Kansas**

Board of Agriculture, Division of Water Resources
Application Number:

3 DEPTH OF COMPLETED WELL: **80** ft. Bore Hole Diameter: **20** in. to **80** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
9 Dewatering	12 Other (Specify below)	

Well's static water level: **51** ft. below land surface measured on month day year

Pump Test Data: Well water was ft. after hours pumping gpm

Est. Yield **450** gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:

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 <input checked="" type="checkbox"/>
		7 Fiberglass		Threaded

Blank casing dia **12 3/4** in. to **60** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface: **12** in., weight lbs./ft. Wall thickness or gauge No **.188**

TYPE OF SCREEN OR PERFORATION MATERIAL:

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:

1 Continuous slot	3 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-Perforation Dia **12 3/4** in. to ft., Dia in. to ft., Dia in. to ft.

Screen-Perforated Intervals: From **60** ft. to **80** ft., From ft. to ft. to ft.

Gravel Pack Intervals: From **10** ft. to **80** ft., From ft. to ft. to ft.

5 GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other
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Grouted Intervals: From **0** ft. to **10** ft., From ft. to ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)

Direction from well How many feet ? Water Well Disinfected? Yes No

Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted month day year: Pump Installed? Yes No

If Yes: Pump Manufacturer's name Model No. HP Volts

Depth of Pump Intake ft. Pumps Capacity rated at gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **12** month **23** day **75** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **214**

This Water Well Record was completed on **8** month **28** day **75** year under the business name of **BLUE JAY DRILLING CO. INC.** by (signature) *[Signature]*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	49	top soil		
49		60	fine sand			
60		80	med gravel			
80		82	ochre chale			

ELEVATION: **Upland**

Depth(s) Groundwater Encountered 1. **51** ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T 5

H 23

SEC. 15

NE 1/4 NW 1/4 NE 1/4