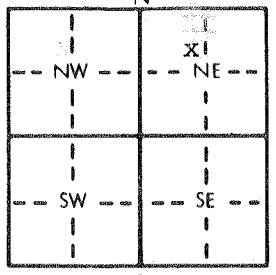


LOCATION OF WATER WELL: County: <u>Cloud</u>	Fraction <u>NE</u> 1/4 NW 1/4 NE 1/4	Section Number <u>34</u>	Township Number T <u>5</u> S	Range Number R <u>3</u> <u>EW</u>
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Distance and direction from nearest town or city street address of well if located within city?  
1 mile east of Concordia, KS

WATER WELL OWNER: Glen Anderson  
 RR#, St. Address, Box # : Route 1  
 City, State, ZIP Code : Concordia, KS 66901  
 Board of Agriculture, Division of Water Resources  
 Application Number: 34,749

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



4 DEPTH OF COMPLETED WELL. . . . . 39 . . . . . ft. ELEVATION: . . . . . unknown . . . . . ft.  
 Depth(s) Groundwater Encountered 1. . . . . 9 . . . . . ft. 2. . . . . ft. 3. . . . . ft.  
 WELL'S STATIC WATER LEVEL . . . . . 9 . . . . . ft. below land surface measured on mo/day/yr . . . . . 7/24/81  
 Pump test data: Well water was n/c . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield 800 . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Bore Hole Diameter . . . . . 30 . . . . . in. to . . . . . 39 . . . . . 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 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 No X

TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) TRANSITE 6 Asbestos-Cement 9 Other (specify below)  
 2 PVC 4 ABS 7 Fiberglass  
 CASING JOINTS: Glued . . . . . Clamped . . . . .  
 Connecting Bands Welded . . . . .  
 Threaded . . . . .  
 Blank casing diameter . . . . . 16 . . . . . in. to . . . . . 13 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface . . . . . 12 . . . . . in., weight 34 . . . . . lbs./ft. Wall thickness or gauge No. 3/4"

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement transite  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) . . . . .  
 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) .125 Double slot

SCREEN-PERFORATED INTERVALS: From . . . . . 13 . . . . . ft. to . . . . . 39 . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From . . . . . 10 . . . . . ft. to . . . . . 39 . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GROUT MATERIAL: 1 Neat cement 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:  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)  
Sewer Plant  
 Direction from well? E-N-E How many feet? 1300

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	<u>3</u>	<u>Topsoil</u>			
3	5	Fine sand			
5	23	Fine sand & gravel, strks med. 15-17			
23	26	Fine-med sand & gravel			
26	31	Med. coarse sand & gravel			
31	33	Fine-med. sand & gravel			
33	39	Tan 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) . . . . . 7/24/81 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 185 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 9/5/81 . . . . . under the business name of Clarke Well & Eq., Inc. by (signature) [Signature]

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.