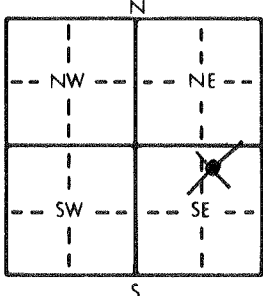


1 LOCATION OF WATER WELL: County: Cloud Fraction: NW 1/4 NE 1/4 SE 1/4 Section Number: 14 Township Number: T 5 S Range Number: R 4 W

Distance and direction from nearest town or city street address of well if located within city?
3 miles North & 4 miles West of Concordia

2 WATER WELL OWNER: Robert Nelson
RR#, St. Address, Box # : 720 S. Division Board of Agriculture, Division of Water Resources
City, State, ZIP Code : Boone, Iowa 50036 Application Number: #5634

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



4 DEPTH OF COMPLETED WELL... 57... ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 10... ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL .. 10... ft. below land surface measured on mo/day/yr .. 6-5-95 ..

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield 1000-1500 Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter. . 30... in. to .. 59... 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

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 BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued .. X.. Clamped

2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded

7 Fiberglass

Threaded.

Blank casing diameter .. 16... in. to .. 37... 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 7 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 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-PERFORATED INTERVALS: From..... 37... ft. to .. 57... ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... 20... ft. to .. 57... 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

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 1/2 mile 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well?		LITHOLOGIC LOG		PLUGGING INTERVALS	
FROM	TO		FROM	TO	
0	3	Top Soil			
3	30	Brown & Red Clay			
30	57	Medium to Course Sand & Gravel			
57	59	Green Clay & Sand			

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) .. 6-5-95... 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)

under the business name of Peterson Irrigation Inc. by (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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.