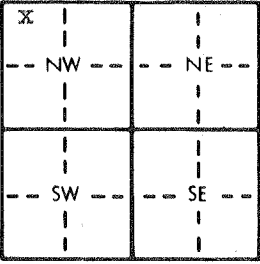


LOCATION OF WATER WELL: County: <b>Cloud</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section Number <b>33</b>	Township Number <b>T 5 S</b>	Range Number <b>R 5 W</b>
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Distance and direction from nearest town or city street address of well if located within city?

**1 South, 1 West of Jamestown**

WATER WELL OWNER: **John Herbin**  
 RR#, St. Address, Box #: **Jamestown, Kansas 66948**  
 City, State, ZIP Code: \_\_\_\_\_  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>80</b> ft. ELEVATION: <b>1425</b>
	Depth(s) Groundwater Encountered 1. <b>12</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>12</b> ft. below land surface measured on mo/day/yr <b>4/15/1985</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>20</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>8</b> in. to <b>80</b> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____

TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass		Welded _____
				Threaded _____

Blank casing diameter **5** in. to **60** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **72"** in., weight **3** lbs./ft. Wall thickness or gauge No. **258**

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	3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 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 **60** ft. to **80** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **10** ft. to **80** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GROUT MATERIAL:  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	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	<b>Creek</b>

Direction from well? **North** How many feet? **300**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	topsoil			
3	12	brown clay			
12	14	limestone			
14	20	soft sandy clay			
20	35	brown clay			
35	80	blue clay w/ sandrock layers			
80		stop			

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) **4/15/1985** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **359** This Water Well Record was completed on (mo/day/yr) **5/1/1985** under the business name of **Daryl Cox & Sons Inc.** by (signature) *Daryl Cox*

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.