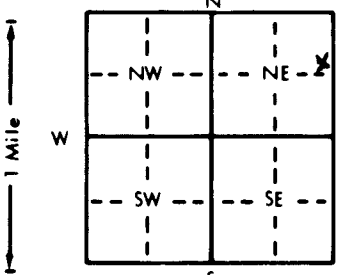


1 LOCATION OF WATER WELL: County: CL. OUD	Fraction SW ¼ SW ¼ NE ¼	Section Number 2	Township Number T 6 S	Range Number R 1 E(W)
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **James M Koch**
 RR#, St. Address, Box #: **RR 2, Box 162**
 City, State, ZIP Code: **CLYDE, KS 66938**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 85 ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: 8 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 950 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: 30 in. to 25 in. to _____ in. to _____ in. WELL WATER TO BE USED AS: 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) 2 Irrigation <input checked="" type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/> 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 _____ No <input checked="" type="checkbox"/>
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5 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 _____
 7 Fiberglass Threaded _____
 Blank casing diameter: **16** in. to **53** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: **48** in., weight **Sch 40** lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 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 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **53** ft. to **85** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **12** ft. to **85'** 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 **12** 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
 Direction from well? _____ How many feet? **2200'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Sand, Top soil			
5	10	Coarse sand, Blue			
10	15	Coarse sand, Blue			
15	20	Blue clay			
20	25	Blue clay, mixed with sand & Gravel			
25	35	Blue, Med Gravel			
35	45	Coarse, Blue sand			
45	49	Med, Blue Gravel			
49	55	Blue, Coarse sand			
55	60	Blue Green, Coarse Sand & Gravel			
60	63	Green Coarse sand & Gravel			
63	65	Dark, Gray clay			
65	72	Dark, Black clay			
72	75	Sandy, dark Black clay			
75	83	Dark, Black clay layers, Gravel, mixed			

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) **May 1, 1997** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **480**. This Water Well Record was completed on (mo/day/yr) **5/15/97** under the business name of **WILLIAMS DRILLING CO. INC.** by (signature) **Don Williams**

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.

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