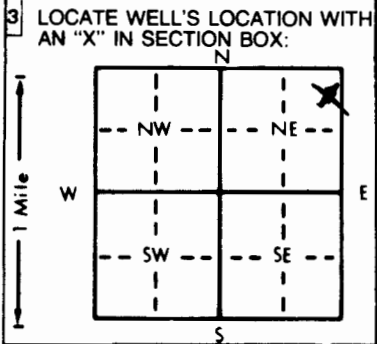


1 LOCATION OF WATER WELL: County: <b>Cloud</b>	Fraction <b>SE</b> 1/4 <b>NE</b> 1/4 <b>NE</b> 1/4	Section Number <b>10</b>	Township Number <b>T 6 S</b>	Range Number <b>R 1</b> <b>XW</b>
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Distance and direction from nearest town or city street address of well if located within city?

**3 miles South of Clyde, KS**

2 WATER WELL OWNER: <b>Fern Odette; c/o Gallagher Plumbing</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>318 Washington</b>	Application Number:
City, State, ZIP Code: <b>Clyde, KS 66938</b>	



4 DEPTH OF COMPLETED WELL: <b>135</b> ft.	ELEVATION:
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.	
WELL'S STATIC WATER LEVEL: <b>52</b> ft. below land surface measured on <b>mo/day/yr</b> <b>1/17/00</b>	
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
Est. Yield <b>20-50</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	
Bore Hole Diameter: <b>9</b> in. to <b>137</b> ft., and _____ in. to _____ ft.	
WELL WATER TO BE USED AS:	
<input checked="" type="checkbox"/> Domestic	5 Public water supply
3 Feedlot	8 Air conditioning
6 Oil field water supply	11 Injection well
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 <input checked="" type="checkbox"/>	If yes, mo/day/yr sample was sub-
mitted	mitted
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No	

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter: <b>5</b> in. to <b>85</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface: <b>12</b> in., weight <b>2.37</b> lbs./ft. Wall thickness or gauge No. <b>214</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL:	<input checked="" type="checkbox"/> PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)
SCREEN-PERFORATED INTERVALS: From <b>85</b> ft. to <b>135</b> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <b>21</b> ft. to <b>135</b> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other _____
Grout Intervals: From <b>1</b> ft. to <b>21</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:	10 Livestock pens	14 Abandoned water well		
<input checked="" type="checkbox"/> 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? <b>North</b>	How many feet? <b>100</b>			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	22	Brown Clay			
22	50	Tan, Silty Clay			
50	71	Tan, Sandy Clay			
71	134	Tan, Fine Sandstone			
134	135	Iron Pyrite			
135	137	Gray Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>1/20/2000</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>138</b> This Water Well Record was completed on (mo/day/yr) <b>1/25/00</b> under the business name of <b>Peterson Irrigation, Inc.</b> by (signature) <i>Mike Peters</i>
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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.

OFFICE USE ONLY  
T  
R  
EW  
SEC  
1/4  
1/4  
1/4