

1 LOCATION OF WATER WELL
 County: CLOUD Fraction: NE 1/4 SE 1/4 SW 1/4 Section Number: 4 Township Number: T 6 S Range Number: R 1 E
 Distance and direction from nearest town or city? 1 SOUTH-SW AMES Street address of well if located within city?

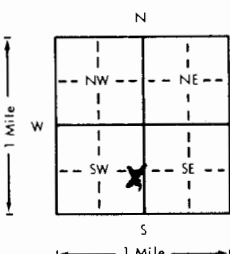
2 WATER WELL OWNER: WILBUR APPLEBY
 RR#, St. Address, Box #: RR # 2 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: CLYDE KANSAS 66938 Application Number:

3 DEPTH OF COMPLETED WELL: 189 ft. Bore Hole Diameter: 30 in. to 189 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 75 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: Well water was 125 ft. after 1 1/2 hours pumping 700 gpm
 Est. Yield gpm: Well water was 154 ft. after 1 hours pumping 1000 gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped X
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 16 in. to 137 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 30
 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-Perforation Dia: 14 in. to 189 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 137 ft. to 189 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 189 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL:
 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted 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 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 Direction from well: E 1/2 MILE How many feet 2600? Water Well Disinfected? Yes X No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes X No _____
 If Yes: Pump Manufacturer's name WESTERN LAND ROLLER Model No. 12 K13 HP 96 Volts _____
 Depth of Pump Intake 182 ft. Pumps Capacity rated at 800 gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year
 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 _____ month _____ day _____ year under the business name of DARYL COX & SONS INC by (signature) Daryl Cox

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


FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	TOPSOIL	192	-	STOP
3	50	BROWN CLAY			
50	58	RED CLAY			
58	72	BLUE CLAY			
72	73	SANDROCK			
73	113	BLUE CLAY			
113	119	RED CLAY			
119	121	SANDROCK			
121	125	BLUE CLAY			
125	190	SANDROCK			
190	192	RED CLAY			

 ELEVATION: 1235
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

OFFICE USE ONLY

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R

SEC.

NE 1/4 SE 1/4 SW 1/4

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.