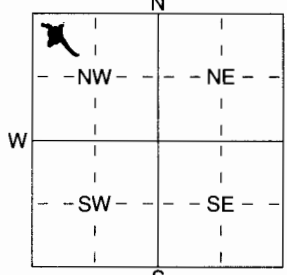


1 LOCATION OF WATER WELL: County: <b>Cloud</b>	Fraction <b>SW 1/4 NW 1/4 NW 1/4</b>	Section Number <b>31</b>	Township Number T <b>7</b> S	Range Number R <b>1</b> <b>E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**4 miles North & 1 1/2 miles West of Miltonvale, KS**

2 WATER WELL OWNER: **Scott Olsen**  
 RR#, St. Address, Box # : **2663 Teal Rd.**  
 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 ..... <b>132</b> ..... ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ..... <b>62</b> ..... ft. below land surface measured on mo/day/yr ..... <b>11/6/02</b> ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield <b>20-30</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm 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 <b>XX Other (Specify below)</b> 2 Irrigation      4 Industrial      7 Domestic (lawn & garden)      10 Monitoring well ..... <b>Stock well</b> ..... Was a chemical/bacteriological sample submitted to Department? Yes ..... No <b>X</b> .....; If yes, mo/day/yrs sample was submitted Water Well Disinfected? Yes <b>X</b> No
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5 TYPE OF BLANK CASING USED:  
 1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued **X** ..... Clamped .....  
**X** PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded .....  
 7 Fiberglass      Threaded .....  
 Blank casing diameter ..... **5** ..... in. to ..... **122** ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... **12** ..... in., weight ..... **2.37** ..... lbs./ft. Wall thickness or gauge No. .... **.214** .....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel      3 Stainless Steel      5 Fiberglass      **XX** 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      **X3** Mill slot      5 Guazed 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) ..... ft.  
 SCREEN-PERFORATED INTERVALS: From ..... **122** ..... ft. to ..... **132** ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... **20** ..... ft. to ..... **132** ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      **X** 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:  
 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      **XX** Other (specify below)  
 ..... **Creek** .....  
 Direction from well? **Northeast**      How many feet? **100**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>2</b>	<b>Topsoil</b>			
<b>2</b>	<b>17</b>	<b>Clay, brown</b>			
<b>17</b>	<b>71</b>	<b>Sandstone, tan</b>			
<b>71</b>	<b>113</b>	<b>Shale, gray with sandstone streaks</b>			
<b>113</b>	<b>132</b>	<b>Sandstone, tan</b>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **X** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... **11/8/02** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... **138** ..... This Water Well Record was completed on (mo/day/yr) ..... **11/11/02** ..... under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.