

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County <b>WABASH</b>		<b>NE 1/4 NE 1/4 NW 1/4</b>	<b>18</b>	<b>T 14 S</b>	<b>R 12 EW</b>
Distance and direction from nearest town or city? <b>ESKIMODE</b>			Street address of well if located within city?		
2 WATER WELL OWNER: <b>JIM HINCH</b>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box # : <b>RA 1</b>			Application Number:		
City, State, ZIP Code : <b>ESKIMODE KS. 66423</b>					
3 DEPTH OF COMPLETED WELL <b>40</b> ft. Bore Hole Diameter <b>9 7/8</b> in. to <b>32</b> ft., and <b>6 1/2</b> in. to <b>40</b> ft.					
Well Water to be used as:					
1 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	
Well's static water level <b>8</b> ft. below land surface measured on <b>OCT</b> month <b>5</b> day <b>82</b> year					
Pump Test Data : Well water was _____ ft. after _____ hours pumping _____ gpm					
Est. Yield <b>7</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	
2 PVC		4 ABS	7 Fiberglass		
Blank casing dia <b>5</b> in. to <b>15</b> ft., Dia <b>5</b> in. to <b>40</b> ft., Dia _____ in. to _____ ft.					
Casing height above land surface <b>12</b> in., weight _____ lbs./ft. Wall thickness or gauge No <b>SD 26</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
Screen or Perforation Openings Are:					
1 Continuous slot		3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter		4 Key punched	7 Torch cut	10 Other (specify)	
Screen-Perforation Dia <b>5</b> in. to <b>40</b> ft., Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <b>15</b> ft. to <b>40</b> ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals: From <b>13</b> ft. to <b>40</b> ft., From _____ ft. to _____ ft.					
5 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other	
Grouted Intervals: From <b>0</b> ft. to <b>13</b> 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)
				13 Watertight sewer lines	<b>WATER WELL</b>
Direction from well <b>NORTH</b> How many feet <b>12</b> ? Water Well Disinfected? <b>Yes</b> No					
Was a chemical/bacteriological sample submitted to Department? Yes <b>NO</b> If yes, date sample					
was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____					
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____					
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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 <b>OCT</b> month <b>5</b> day <b>82</b> year					
and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. <b>119</b>					
This Water Well Record was completed on <b>OCT</b> month <b>7</b> day <b>82</b> year under the business					
name of <b>J. L. HANNAH BROS DRILLING CO</b> by (signature) <b>John B. Hanna</b>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		LITHOLOGIC LOG	
		FROM	TO		
		<b>0</b>	<b>1</b>	<b>SOIL</b>	
		<b>1</b>	<b>10</b>	<b>LAYERS OF LIME AND CLAY</b>	
		<b>10</b>	<b>14</b>	<b>BLUE CLAY</b>	
		<b>14</b>	<b>20</b>	<b>LIME BROKEN</b>	
		<b>20</b>	<b>25</b>	<b>SOFT LIME</b>	
		<b>25</b>	<b>35</b>	<b>SHALE MED</b>	
<b>35</b>	<b>37</b>	<b>LIME</b>			
<b>37</b>	<b>40</b>	<b>SHALE</b>			
ELEVATION:					
Depth(s) Groundwater Encountered 1. <b>15</b> ft. 2. <b>24</b> ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					

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.