

LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <b>Franklin</b>		<b>NE 1/4 SE 1/4 SE 1/4</b>	<b>26</b>	<b>T 16 S</b>	<b>R 17 E</b>
Distance and direction from nearest town or city? <b>11. Chagan Valley 1 South</b>			Street address of well if located within city? <b>3</b>		

2 WATER WELL OWNER: **Gene King**  
 RR#, St. Address, Box # : **Gene King**  
 City, State, ZIP Code : **488**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL **488** ft. Bore Hole Diameter **8 1/4** in. to **36** ft. and **6 1/4** in. to **488** 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 **180** ft. below land surface measured on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 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 dia **5"** in. to **180** ft. Dia **5"** in. to **488** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **18** in. weight **Sch 40** lbs./ft. Wall thickness or gauge No **Sch 40**  
 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    ☐ 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 \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From **180** ft. to **230** ft., From **298** ft. to **401** ft.  
 Gravel Pack Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**None**

5 GROUT MATERIAL: ☒ 1 Neat cement    ☐ 2 Cement grout    ☐ 3 Bentonite    ☐ 4 Other \_\_\_\_\_  
 Grouted Intervals: From **3** ft. to **36** 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 **West** How many feet **150** ? Water Well Disinfected? Yes ☒ No \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No ☒ 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 **Feb 25** month **25** day **1980** year.  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **371**  
 This Water Well Record was completed on **July** month **1980** day \_\_\_\_\_ year under the business name of **Royce Swank Drilling Co.** by (signature) **Royce Swank Drilling**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0	8	Soil		131	146	Shale					
		8	16	Shelly Rock		146	151	Lime					
		16	13	Lime		151	180	Grey Shale					
		13	36	Shale		180	230	Grey Sandy Shale					
		36	41	Lime		230	293	Grey Shale					
		41	83	Shale		293	298	Lime					
		83	89	Lime		298	401	Grey Sandy Shale					
		89	105	Shale		401	403	Lime					
		105	125	Lime		403	439	Shale					
		125	128	Black Shale		439	445	Lime					
ELEVATION:		128	131	Lime		445	462	Shale					

Depth(s) Groundwater Encountered **190** ft. **298** 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.

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