

1 LOCATION OF WATER WELL
 County: **Franklin** Fraction **NE 1/4 NE 1/4 SW 1/4** Section Number **35** Township Number **T 15 S** Range Number **R 17 E44**

Distance and direction from nearest town or city? **Centropoli's** Street address of well if located within city?

2 WATER WELL OWNER: **Melvin Jamison**
 RR#, St. Address, Box #: **R.R. 4** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Ottawa, Kan. 66067** Application Number:

3 DEPTH OF COMPLETED WELL: **230** ft. Bore Hole Diameter: **8 1/4** in. to **20** ft., and **6 1/4** in. to **230** ft.
 Well Water to be used as:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)
 Well's static water level: **100** ft. below land surface measured on **1** month **12** day **81** 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: **6 1/4** in. to **20** ft. Dia: **5 1/4** in. to **190** ft. Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ 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) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)
 7 PVC 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 3 Mill slot 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **190** ft. to **230** ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: **None** From _____ ft. to _____ ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From **3** ft. to **20** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: **None**
 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
 Direction from well _____ How many feet _____ ? 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 **January** month **12** day **1981** 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 **June** month **22** day **1981** year under the business name of **Royce Swank Drilling** by (signature) **Royce Swank**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
	0	3	Soil	01			
	3	16	Shelly Rock	20			
	16	22	Black Shale	19			
	22	27	Lime	20			
	27	65	Grey shale	19			
	65	80	Sanded Grey shale	24			
	80	175	Grey Shale	19			
	175	180	Lime	20			
	180	190	Dark grey sand				
	190	230	White sand	05			
	ELEVATION:						

Depth(s) Groundwater Encountered **1/80** ft. 2 _____ 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.

OFFICE USE ONLY
T 15 S
R 17 E44