

1 LOCATION OF WATER WELL
 County: Franklin Fraction SEE BELOW Section Number 35 Township Number T 16 S Range Number R 18 E

Distance and direction from nearest town or city? 6 Mi. west on K68
1/2 Mi. North of Ottawa, Kansas east side road Street address of well if located within city?

2 WATER WELL OWNER: Mr & Mrs Lawrence McVoy
 RR#, St. Address, Box #: R.R. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: OTTAWA, KANSAS 66067 Application Number:

3 DEPTH OF COMPLETED WELL: 113 ft. Bore Hole Diameter: 60 in. to 42 ft., and 6 1/4 in. to 113 ft.
 Well Water to be used as:
 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level: 58 ft. below land surface measured on August month 21 day 1979 year
 Pump Test Data: Drill Test Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 18 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~~
 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded
 Threaded
 Blank casing dia: 6 in. to 58 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 1.2 in., weight SCH 40 lbs./ft. Wall thickness or gauge No. SDR 21
 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 9 ABS None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 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., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From None Used ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement ~~Cement grout~~ 3 Bentonite 4 Other _____
 Grouted Intervals: From 42 ft. to 58 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) _____
 Direction from well: Southeast How many feet: 100? 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: Red Jacket Model No. 9BC HP 1/2 Volts 230
 Depth of Pump Intake: 108 ft. Pumps Capacity rated at 10 gal./min.
 Type of pump: 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 August month 21 day 1979 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 107
 This Water Well Record was completed on March month 30 day 1981 year under the business name of Swank Water Well Drilling by (signature) Borge H. Swank

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM		TO		LITHOLOGIC LOG
	42	0	42	53	Old School Dug Well Walled With Red Bricks					
	11	42	53	58	Yellow Sand Rock					
		53	58	113	Gray Shale					
		58	113		White Sand Rock					
					Location					
					C 319A 35-16-18 C287					
					Com NW /e SW 1/4 TH EXW					
					466.7 FT. & SXN 466.7 FT 5A.					

ELEVATION: _____
 Depth(s) Groundwater Encountered 1 to 58 ft. 3 to 113 ft. _____ ft. _____ 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

EW

SEC

1/4

1/4

1/4