

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Franklin</u>		<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>16</u>	T <u>16</u> S	R <u>19</u> E
Distance and direction from nearest town or city street address of well if located within city? <u>Ottawa</u>					
2 WATER WELL OWNER: <u>Terry Porter</u>					
RR#, St. Address, Box #: <u>RR4</u>					
City, State, ZIP Code: <u>Ottawa, Kan 66067</u>					
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: <u>95</u> ft. ELEVATION: <u>25</u> ft.			
		Depth(s) Groundwater Encountered <u>1</u> <u>25</u> ft. 2. <u>25</u> ft. 3. <u>25</u> ft.			
		WELL'S STATIC WATER LEVEL <u>35</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>11</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9 1/2</u> in. to <u>20</u> in. to _____ in. to _____ in.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input checked="" type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter <u>5 1/2</u> in. to <u>95</u> ft. Dia		7 Fiberglass		9 Other (specify below)	
Casing height above land surface <u>18</u> in., weight <u>Sch 40</u> lbs./ft.				CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped	
				<input type="checkbox"/> Welded <input type="checkbox"/> Threaded	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				<input checked="" type="checkbox"/> 7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				<input checked="" type="checkbox"/> 8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:					
From <u>75</u> ft. to <u>95</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement		<input checked="" type="checkbox"/> 2 Cement grout		3 Bentonite	
Grout Intervals: From <u>3</u> ft. to <u>20</u> ft.		4 Other _____		5 _____	
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? <u>South</u>				How many feet? <u>100</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>3</u>	<u>Soil</u>			
<u>3</u>	<u>24</u>	<u>yellow Sand</u>			
<u>24</u>	<u>75</u>	<u>grey Sand</u>			
<u>75</u>	<u>95</u>	<u>white</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>July 16 1983</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>371</u> This Water Well Record was completed on (mo/day/yr) <u>July 16 1983</u> under the business name of <u>Roy Swank Drilling</u> by (signature) <u>Roy Swank</u>					
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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					