

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: <u>Franklin</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>17</u>	<u>T 16 S</u>	<u>R 19 E</u>				
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 mile east west 2 North Ottawa</u>									
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box #		Application Number:							
City, State, ZIP Code		<u>RR 4 Ottawa, Kan 66067</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>140</u> ft. ELEVATION:							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL .... ft. below land surface measured on mo/day/yr							
Pump test data: Well water was .... ft. after .... hours pumping .... gpm									
		Est. Yield <u>8</u> gpm: Well water was .... ft. after .... hours pumping .... gpm							
		Bore Hole Diameter .... in. to .... ft., and .... in. to .... ft.							
		WELL WATER TO BE USED AS:							
		5 Public water supply 8 Air conditioning 11 Injection well							
		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							
		Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> ..... If yes, mo/day/yr sample was submitted							
		Water Well Disinfected? Yes <u>X</u> No							
5 TYPE OF BLANK CASING USED:		CASING JOINTS: <u>Glued</u> <u>Welded</u> <u>Threaded</u>							
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile							
2 <u>PVC</u> 4 ABS		6 Asbestos-Cement 9 Other (specify below)							
Blank casing diameter <u>5 1/2</u> in. to <u>140</u> ft., Dia		7 Fiberglass							
Casing height above land surface .... in., weight .... lbs./ft. Wall thickness or gauge No.									
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) ....		12 None used (open hole)							
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS									
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)							
1 Continuous slot 3 <u>Mill slot</u> 6 Wire wrapped 9 Drilled holes		10 Other (specify) ....							
2 Louvered shutter 4 Key punched 7 Torch cut									
SCREEN-PERFORATED INTERVALS: From <u>100</u> ft. to <u>140</u> ft., From .... ft. to .... ft.									
GRAVEL PACK INTERVALS: From <u>No</u> ft. to .... ft., From .... ft. to .... ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals: From .... ft. to .... ft., From .... ft. to .... ft., From .... ft. to .... ft.									
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well		12 Fertilizer storage 16 Other (specify below)							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard									
Direction from well?		How many feet?							
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG				
		<u>Cleaned Tin casing</u>							
		<u>Out of old well.</u>							
		<u>Replaced it with</u>							
		<u>PVC Sch 40.</u>							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Jan 31, 85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>334</u> This Water Well Record was completed on (mo/day/yr) <u>Jan 30, 1985</u> under the business name of <u>Core Suburb Drilling</u> by (signature) <u>D. E. O. Swan</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.									