

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number				
County: <u>Franklin</u>		<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>18</u>	<u>T</u> <u>17</u> <u>S</u>	<u>R</u> <u>19</u> <u>EW</u>				
Distance and direction from nearest town or city? <u>1 Mi. S. 4 1/2 Mi. W</u>			Street address of well if located within city?						
2 WATER WELL OWNER: <u>Leroy Hildlebrandt</u>			Board of Agriculture, Division of Water Resources						
RR#, St. Address, Box #: <u>R.R. 3</u>			Application Number:						
City, State, ZIP Code: <u>Ottawa, Kansas 66067</u>									
3 DEPTH OF COMPLETED WELL: <u>200</u> ft. Bore Hole Diameter: <u>8 1/4</u> in. to <u>14 6</u> ft., and <u>6 1/4</u> in. to <u>270</u> ft.									
Well Water to be used as:									
<input checked="" type="checkbox"/> Domestic		3 Feedlot		8 Air conditioning					
2 Irrigation		4 Industrial		9 Dewatering					
5 Public water supply		6 Oil field water supply		11 Injection well					
7 Lawn and garden only		10 Observation well		12 Other (Specify below)					
Well's static water level: <u>25</u> ft. below land surface measured on <u>June</u> month <u>18</u> day <u>1980</u> year									
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm									
Est. Yield <u>1</u> to <u>2</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm									
4 TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)		5 Wrought iron					
<input checked="" type="checkbox"/> PVC		4 ABS		6 Asbestos-Cement					
2 Brass		5 Fiberglass		8 Concrete tile					
3 Stainless steel		6 Concrete tile		9 Other (specify below)					
4 Galvanized steel		7 Torch cut		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped					
5 Gauzed wrapped		8 Saw cut		11 None (open hole)					
6 Wire wrapped		<input checked="" type="checkbox"/> Drilled holes <u>1/4</u>		10 Asbestos-cement					
7 Torch cut		10 Other (specify)		12 None used (open hole)					
Blank casing dia: <u>6</u> in. to <u>25</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface: <u>12</u> in., weight <u>Sch. 40</u> lbs./ft. Wall thickness or gauge No. <u>0.280</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass					
2 Brass		4 Galvanized steel		8 RMP (SR)					
3 Stainless steel		5 Fiberglass		11 Other (specify)					
4 Galvanized steel		6 Concrete tile		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					
3 Mill slot		4 Key punched		7 Torch cut					
4 Key punched		5 Gauzed wrapped		8 Saw cut					
5 Gauzed wrapped		6 Wire wrapped		11 None (open hole)					
6 Wire wrapped		7 Torch cut		<input checked="" type="checkbox"/> Drilled holes <u>1/4</u>					
7 Torch cut		8 Saw cut		10 Other (specify)					
Screen-Perforation Dia: <u>6</u> in. to <u>35</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Screen-Perforated Intervals: From <u>27</u> ft. to <u>35</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.									
5 GROUT MATERIAL:									
1 Neat cement		<input checked="" type="checkbox"/> Cement grout		3 Bentonite					
2 Turbine		4 Other		4 Other					
Grouted Intervals: From <u>25</u> ft. to <u>Surface</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
<input checked="" type="checkbox"/> Septic tank		4 Cess pool		7 Sewage lagoon					
<input checked="" type="checkbox"/> Sewer lines		5 Seepage pit		8 Feed yard					
3 Lateral lines		6 Pit privy		9 Livestock pens					
4 Cess pool		7 Sewage lagoon		10 Fuel storage					
5 Seepage pit		8 Feed yard		11 Fertilizer storage					
6 Pit privy		9 Livestock pens		12 Insecticide storage					
7 Sewage lagoon		10 Fuel storage		14 Abandoned water well					
8 Feed yard		11 Fertilizer storage		15 Oil well/Gas well					
9 Livestock pens		12 Insecticide storage		16 Other (specify below)					
10 Fuel storage		14 Abandoned water well							
11 Fertilizer storage		15 Oil well/Gas well							
12 Insecticide storage		16 Other (specify below)							
13 Watertight sewer lines									
Direction from well <u>Southeast</u> How many feet <u>90</u> ? Water Well Disinfected? Yes XXX No									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>Not at this time</u> If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No <u>Not at this time</u>									
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 <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>June</u> month <u>18</u> day <u>1980</u> year									
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>107</u>									
This Water Well Record was completed on <u>August</u> month <u>1</u> day <u>1980</u> year under the business name of <u>Swank Water Well Drilling</u> by (signature) <u>George H. Swank</u>									
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG		
		6	0	6	Sandy Soil	32	230	262	Gray Shale
		32	6	38	Yellow Sand Rock	8	262	270	Sandy Gray Shale
		08	38	146	Gray Shale	Well Plugged back to 200 Ft with cement. Because no water was gotten below.			
		10	146	156	Blue Lime				
		19	156	175	White Lime				
		3	175	178	Black Shale or Slate				
		12	178	190	Blue Lime				
		6	190	196	Gray Shale				
		21	196	217	Blue Lime				
		ELEVATION:		13	217	230	Gray Shale		
Depth(s) Groundwater Encountered 1. <u>27</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)									

OFFICE USE ONLY

T

17

R

19

EW

SEC.

18

NE 1/4

NE 1/4

SW 1/4

SW 1/4