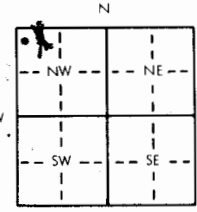


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Franklin</u>		<u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>31</u>	<u>T</u> <u>17</u> <u>S</u>	<u>R</u> <u>19</u> <u>E/W</u>
Distance and direction from nearest town or city? <u>1 1/2 East, 1 North</u> <u>From Homewood, Kansas Just around corner and back south</u>					
2 WATER WELL OWNER: <u>Mr. & Mrs. Mark Shields</u> RR#, St. Address, Box #: <u>R. R. 3</u> City, State, ZIP Code: <u>Ottawa, Kansas 66067</u> Board of Agriculture, Division of Water Resources Application Number: _____					
3 DEPTH OF COMPLETED WELL: <u>83</u> ft. Bore Hole Diameter: <u>10</u> in. to <u>22</u> ft., and <u>6 1/4</u> in. to <u>83</u> ft. Well Water to be used as: <input checked="" type="checkbox"/> Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well <input type="checkbox"/> Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 3 4 5 6 7 Lawn and garden only 10 Observation well Well's static water level: <u>18</u> ft. below land surface measured on <u>May</u> month <u>29</u> day <u>1981</u> year Pump Test Data: <u>Drill test</u> Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>3 to 4</u> 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: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing dia: <u>5</u> in. to <u>83</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface: <u>24</u> in., weight <u>SCH 40</u> lbs./ft. Wall thickness or gauge No. <u>SDR 21</u> 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) _____ 12 None used (open hole) Screen or Perforation Openings Are: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped <input checked="" type="checkbox"/> Drilled holes 7 Torch cut 10 Other (specify) _____ Screen-Perforation Dia: <input checked="" type="checkbox"/> <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Screen-Perforated Intervals: From <u>28</u> ft. to <u>42</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. Gravel Pack Intervals: From <u>none</u> ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grouted Intervals: From <u>23</u> ft. to <u>28</u> ft., From <u>3</u> below ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 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) <u>Pond</u> 13 Watertight sewer lines Direction from well: <u>Southeast</u> How many feet: <u>100 to 150</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes <input checked="" type="checkbox"/> No If Yes: Pump Manufacturer's name: <u>Red Jacket</u> Model No.: <u>n9bc</u> HP: <u>1/2</u> Volts: <u>230</u> Depth of Pump Intake: <u>76</u> ft. Pumps Capacity rated at: <u>10</u> gal./min. Type of pump: <input checked="" type="checkbox"/> 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 <u>May</u> month <u>29</u> day <u>1981</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>May</u> month <u>31</u> day <u>1981</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 2 0 2 Sandy Soil 33 3 35 Yellow Sand Rock 10 35 45 White Sand Rock 38 45 83 Gray Shale					
ELEVATION: _____ Depth(s) Groundwater Encountered <u>From 35 to 45</u> ft. 3 _____ ft. 4 _____ ft. (Use a second sheet if needed)					

OFFICE USE ONLY

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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.