

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																						
County: <u>Fr.</u>		<u>NW 1/4 NW 1/4 SW 1/4</u>	<u>8</u>	<u>T 18 S</u>	<u>R 18 E</u>																																																						
Distance and direction from nearest town or city street address of well if located within city? <u>Williamsburg 2 EAST 1 1/2 NORTH</u>																																																											
2 WATER WELL OWNER: RR #, St. Address, Box # : <u>RR 3 Hare</u> City, State, ZIP Code : <u>Williamsburg KANS.</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>150</u> ft. ELEVATION:																																																									
		Depth(s) Groundwater Encountered 1. <u>120</u> ft. 2. _____ ft. 3. _____ ft.																																																									
		WELL'S STATIC WATER LEVEL <u>86</u> ft. below land surface measured on mo/day/yr _____																																																									
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																									
		Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																									
		Bore Hole Diameter <u>9</u> in. to <u>25</u> ft., and <u>6</u> in. to <u>150</u> ft.																																																									
		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 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 <u>X</u> 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:																																																											
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile    CASING JOINTS: Glued <u>X</u> Clamped _____ <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)    Welded _____ <input type="checkbox"/> Blank casing diameter _____ in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface <u>PUMP HOUSE</u> in., weight <u>SCH 40</u> lbs./ft. Wall thickness or gauge No. <u>SCH 40</u>																																																											
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																											
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 10 Other (specify) _____																																																											
SCREEN OR PERFORATION OPENINGS ARE:																																																											
<input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____																																																											
SCREEN-PERFORATED INTERVALS: From <u>130</u> ft. to <u>150</u> ft., From _____ ft. to _____ ft.																																																											
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																											
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____																																																											
Grout Intervals: From <u>0</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																											
What is the nearest source of possible contamination: <u>NONE</u>																																																											
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <u>PASTURE</u> <input type="checkbox"/> 13 Insecticide storage																																																											
Direction from well? _____ How many feet? _____																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>5</u></td> <td><u>SHELLY ROCK</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>5</u></td> <td><u>10</u></td> <td><u>SHALE</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>10</u></td> <td><u>18</u></td> <td><u>LIME</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>18</u></td> <td><u>21</u></td> <td><u>SHALE</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>21</u></td> <td><u>27</u></td> <td><u>LIME</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>27</u></td> <td><u>90</u></td> <td><u>SHALE</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>90</u></td> <td><u>120</u></td> <td><u>SANDY GRAY SHALE</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>120</u></td> <td><u>150</u></td> <td><u>WHITE SAND</u></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	<u>0</u>	<u>5</u>	<u>SHELLY ROCK</u>				<u>5</u>	<u>10</u>	<u>SHALE</u>				<u>10</u>	<u>18</u>	<u>LIME</u>				<u>18</u>	<u>21</u>	<u>SHALE</u>				<u>21</u>	<u>27</u>	<u>LIME</u>				<u>27</u>	<u>90</u>	<u>SHALE</u>				<u>90</u>	<u>120</u>	<u>SANDY GRAY SHALE</u>				<u>120</u>	<u>150</u>	<u>WHITE SAND</u>			
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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>APRIL 27-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>486</u> This Water Well Record was completed on (mo/day/yr) <u>MAY 31-88</u> under the business name of <u>EDGAR SWANK PUMP REPAIR</u> by (signature) <u>Edgar Swank</u>																																																											