

1 LOCATION OF WATER WELL
 County: Marion Fraction SW 1/4 SW 1/4 NE 1/4 Section Number 17 Township Number T 21 S Range Number R 4 E

Distance and direction from nearest town or city? 4W 1/2 SO Florence KS. Street address of well if located within city?

2 WATER WELL OWNER: Hillenberg Oil Co.
 RR#, St. Address, Box #: RR-1 Box 46A Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Canton KS 67428 Application Number:

3 DEPTH OF COMPLETED WELL: 85 ft. Bore Hole Diameter: 10" in. to 13' ft. and 8 in. to 8.5 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well stock water
 Well's static water level: 60 ft. below land surface measured on 11 month 21 day 79 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 20 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: Glued Clamped _____
 2 Brass 4 Galvanized steel 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing dia: 6" in. to 7.3 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No: 3/8
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From _____ ft. to _____ 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 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 73' ft., From _____ 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) _____
 Direction from well: S How many feet: 100' ? Water Well Disinfected? Yes No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year
 Pump Installed? Yes No _____
 If Yes: Pump Manufacturer's name: Grund Model No: 106T03 HP: 1/3 Volts: 220
 Depth of Pump Intake: 81' ft. Pumps Capacity rated at: 109 gpm 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 1 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 203
 This Water Well Record was completed on _____ month _____ day _____ year under the business name of McNee Drilling by (signature) J. McNee

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	5	TS CL Brn.	68	73	Shak Lime lens.
	5	6	Ls ledge	73	85	Broken Lime & Sh. water.
	6	10	Crack.			
	10	20	Dense Gray Lime chert			
	20	24	Sh yellow			
	24	34	Lime Med Dense Lt Gray			
	34	40	Cl Sh Gray			
	40	65	Calc Sh Gray			
	65	68	Red & green sh w Boxwork Hydrogen. Sulfide odor.			

ELEVATION:
 Depth(s) Groundwater Encountered 1. 73 ft. 2. 85 ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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.

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T
R
SEC.
SW 1/4
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