

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number	
County: CHEROKEE	NE 1/4 SW 1/4 SW 1/4	1	T 35 S	R 24 E	
Distance and direction from nearest town or city? CENTER OF TOWN		Street address of well if located within city? JUST SOUTH OF 14TH & MILITARY - WEST SIDE			
WATER WELL OWNER: BAXTER LODGE #1, AFBAM		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: 624 E. 4TH		Application Number: UNK			
City, State, ZIP Code: BAXTER SPRINGS, KS, 66713					
3 DEPTH OF COMPLETED WELL 128.7 ft. Bore Hole Diameter: . in. to . ft., and . in. to . ft.					
Well Water used 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 ABANDONED & PLUGGED					
Well's static water level: 24.7 ft. below land surface measured on DATE 6TH month MARCH day 1947 year					
Pump Test Data: N/A. Well water was UNK ft. after . hours pumping. gpm					
Est. Yield: N/A. gpm Well water was UNK 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 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded					
3 Fiberglass Threaded					
Blank casing dia 11" ID in. to 6.77 ft. Dia . in. to . ft. Dia . in. to . ft.					
Casing height above land surface Now - 33' in., weight . lbs./ft. Wall thickness or gauge No .					
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 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 duB ft. to . ft.					
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Chat Sill from 1287-540 + 499 to 13'					
Grouted Intervals: From 4.99 ft. to 540 ft., From 3 ft. to 13 ft., From . ft. to . ft.					
What is the nearest source of possible contamination: N/A.					
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)					
13 Watertight sewer lines					
Direction from well: WEST How many feet: 110 FT ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No If yes, date sample					
was submitted: N/A. month . day . year: Pump Installed? Yes <input checked="" type="checkbox"/> No					
If Yes: Pump Manufacturer's name: N/A. Model No. . HP . Volts .					
Depth of Pump Intake: N/A 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 (1) constructed , (2) reconstructed , or (3) plugged under my jurisdiction and was					
completed on NOV 11 1980 month NOVEMBER day 1980 year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NONE					
This Water Well Record was completed on 18TH month DECEMBER day 1980 year under the business					
name of HIDEAN BOLLICK & ASSOC. by (signature) H. Alean Bollick, P.E.					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO	
		LITHOLOGIC LOG		FROM	
		LITHOLOGIC LOG		TO	
		SEE ATTACHED LOG			
ELEVATION:					
Depth(s) Groundwater Encountered		1. ft.	2. 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.

OFFICE USE ONLY

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SEC

NE 1/4 SW 1/4 SE 1/4 SW 1/4