

Before ma 180

1 LOCATION OF WATER WELL: County: Marshall Fraction: SE 1/4 SE 1/4 SW 1/4 Section Number: 23 Township Number: T 5 S Range Number: R 8 E

Distance and direction from nearest town or city? Frankfort 7 mi South + 4 West Street address of well if located within city?

2 WATER WELL OWNER: C. A. Hawble RR#, St. Address, Box # R.F.D. 4 Board of Agriculture, Division of Water Resources City, State, ZIP Code Frankfort Kansas 66427 Application Number:

3 DEPTH OF COMPLETED WELL 94 ft. Bore Hole Diameter 10 in. to 15 ft. and 7 in. to 94 ft.

Well Water to be used as:
 Domestic Irrigation Feedlot Industrial
 Public water supply Oil field water supply Lawn and garden only Air conditioning Dewatering Observation well Injection well Other (Specify below)

Well's static water level 70 ft. below land surface measured on 4th month 6 day 1980 year

Pump Test Data: Est. Yield 9 gpm. Well water was _____ ft. after _____ hours pumping. _____ gpm. Well water was _____ ft. after _____ hours pumping. _____ gpm.

4 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought iron Concrete tile Asbestos-Cement Other (specify below)
 PVC ABS Fiberglass

Blank casing dia 5 in. to 54 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface 24 in. weight _____ lbs./ft. Wall thickness or gauge No. 267 wall

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless steel Fiberglass PVC RMP (SR) Asbestos-cement
 Brass Galvanized steel Concrete tile ABS Other (specify) None used (open hole)

Screen or Perforation Openings Are: 040 Saw cut None (open hole)
 Continuous slot Mill slot Wire wrapped Drilled holes
 Louvered shutter Key punched Torch cut Other (specify)

Screen-Perforation Dia. 040 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 94 ft. to 54 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Gravel Pack Intervals: From 94 ft. to 15 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete 1-2

Grouted Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From 15 ft. to 5 ft.

What is the nearest source of possible contamination:
 Septic tank Cess pool Sewage lagoon Fuel storage Abandoned water well
 Sewer lines Seepage pit Feed yard Fertilizer storage Oil well/Gas well
 Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Watertight sewer lines

Direction from well South east 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 _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal. min.

Type of pump: Submersible Turbine Jet Centrifugal Reciprocating Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on April 26 month April day 26 year 1980 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 237

This Water Well Record was completed on _____ month _____ day _____ year under the business name of Stephen Anthony by (signature) C. A. Hawble Hawble Strickland

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	top Soil Black			
2	6	Clay, Brown			
6	29	Rock, Lime yellow water, trace			
29	35	Shale, Blue			
35	40	Shale, Red			
40	48	Rock, Lime, yellow water, trace			
48	68	Shale, Red			
68	73	Rock, Lime yellow water, 4 gal/min			
73	94	Shale Blue			

ELEVATION:

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

OFFICE USE ONLY

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.