

LOCATION OF WATER WELL 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 south on 99 Hwy 7 mi, north 1/2 mi, west 1/2 mi, north 3/4 mi on West side Street address of well if located within city?  
 WATER WELL OWNER: Benton Fabine

RR#, St. Address, Box # : 7 Frankfort Kans 66427 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Application Number:

DEPTH OF COMPLETED WELL: 65 ft. Bore Hole Diameter: 10 in. to 18 ft., and 6 1/2 in. to 65 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  
 Well's static water level: 28 ft. below land surface measured on 4 month 14 day 1981 year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 13 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

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 \_\_\_\_\_  
 7 Fiberglass Threaded \_\_\_\_\_  
 Blank casing dia 5 in. to 65 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

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: 030 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) \_\_\_\_\_  
 Screen-Perforation Dia 5 in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 65 ft. to 45 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From 65 ft. to 18 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GROUT MATERIAL: 2 Cement grout 3 Bentonite 4 Other  
 Grouted Intervals: From 18 ft. to 6 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank started to cement in the upper rock 12 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit ledge & concrete 13 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy ditch 16 Other (specify below) \_\_\_\_\_  
 8 Feed yard 9 Livestock pens 13 Watertight sewer lines  
 Direction from well: South West How many feet: 50 ? 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: NA Model No. \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
 Depth of Pump Intake \_\_\_\_\_ ft. Pumps Capacity rated at \_\_\_\_\_ gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

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. 237  
 This Water Well Record was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year under the business name of Strader Drilling Co. by (signature) Harold Strader

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	5	top soil			
		5	19	clay, yellow			
		19	34	Rock, yellow lime			
		34	37	shale; Blue			
		37	35	shale; Red			
		35	59	Rock, white limestone			
		59	65	shale Blue			

Depth(s) Groundwater Encountered 1. 5.5 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  
T  
R  
CEW  
SEC  
R3  
SE 1/4 SE 1/4 SW 1/4