

1 LOCATION OF WATER WELL
 County: **OTTAWA** Fraction: **SE 1/4 NE 1/4 SE 1/4** Section Number: **13** Township Number: **T 10 S** Range Number: **R 5 E**

Distance and direction from nearest town or city? **4 E-2 N** Street address of well if located within city?
ADA

2 WATER WELL OWNER: **TOM BRADBURY**
 RR#, St. Address, Box #: **ROUTE 3** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **MINNEAPOLIS, KANSAS 67467** Application Number:

3 DEPTH OF COMPLETED WELL: **79** ft. Bore Hole Diameter: **8** in. to **79** ft., and in. to ft.
 Well Water to be used as:
 Domestic Feedlot Oil field water supply Air conditioning Injection well
 Irrigation Industrial Lawn and garden only Dewatering Other (Specify below)
 Observation well
 Well's static water level: **50** ft. below land surface measured on **7** month **8** day **80** year
 Pump Test Data: Well water was **NA** ft. after hours pumping. gpm
 Est. Yield: **15** gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Asbestos-Cement Concrete tile Other (specify below) Casing Joints: Glued Clamped
 PVC ABS Fiberglass Threaded
 Blank casing dia: **5** in. to **59** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface: **12** in., weight lbs./ft. Wall thickness or gauge No. **258**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless steel Fiberglass RMP (SR) Asbestos-cement
 Brass Galvanized steel Concrete tile ABS None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot Mill slot Wire wrapped Gauzed wrapped None (open hole)
 Louvered shutter Key punched Torch cut Drilled holes
 Other (specify)
 Screen-Perforation Dia: **5** in. to **79** ft., Dia in. to ft., Dia in. to ft.
 Screen-Perforated Intervals: From **59** ft. to **79** ft., From ft. to ft.
 Gravel Pack Intervals: From **10** ft. to **79** ft., From ft. to ft.

5 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grouted Intervals: From **0** ft. to **10** ft., From ft. to ft., From ft. to 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)
 Direction from well: **NA** How many feet: **NA** ? 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 **7** month **8** day **80** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **359**
 This Water Well Record was completed on **9** month **20** day **80** year under the business name of **DARYL COX + SONS INC** by (signature) **Daryl Cox**

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	TOPSOIL			
3	31	SANDROCK			
31	42	BLUE CLAY			
42	50	RED CLAY			
50	53	BROWN CLAY			
53	80	SANDROCK			
80		STOP			

ELEVATION: **21380**

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
T 10
R 5
SEC. 13
SE 1/4 NE 1/4 SE 1/4