

1 LOCATION OF WATER WELL	Fraction <b>CAA</b> NE 1/4 NE 1/4 SW 1/4	Section Number 17	Township Number T 21 S	Range Number R 24 EW
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Distance and direction from nearest town or city? **9 North, 5 West of Jetmore, Kansas**

Street address of well if located within city? **JETMORE NW**

2 WATER WELL OWNER: **Mr. Jerry Hillman**

RR#, St. Address, Box # : **Jetmore, Kansas 67854**

City, State, ZIP Code : **Jetmore, Kansas 67854**

Board of Agriculture, Division of Water Resources  
Application Number: **---**

3 DEPTH OF COMPLETED WELL: **394** ft. Bore Hole Diameter: **9 7/8** in. to **394** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Well Water to be used as:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Public water supply	<input type="checkbox"/> Air conditioning	<input type="checkbox"/> Injection well
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> Oil field water supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well

Well's static water level: **125** ft. below land surface measured on **January** month **17** day **1980** year

Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping. \_\_\_\_\_ gpm

Est. Yield **15-20** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping. \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	Casing Joints: <input checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 3 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded
		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Threaded

Blank casing dia **5** in. to **294** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface: **12** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **265**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (specify)
				<input type="checkbox"/> 12 None used (open hole)

Screen or Perforation Openings Are:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

Screen-Perforation Dia **5** in. to **394** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Screen-Perforated Intervals: From **294** ft. to **394** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel Pack Intervals: From **14** ft. to **394** 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 **4** ft. to **14** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input checked="" type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input type="checkbox"/> 9 Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Watertight sewer lines	

Direction from well **West** 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 **Aermotor** Model No. **SD20-200** HP **2** Volts **220**

Depth of Pump Intake **273** ft. Pumps Capacity rated at **20** 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 **January** month **24** day **1980** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **252**

This Water Well Record was completed on **April 2** month **2** day **1980** year under the business name of **Friesen Windmill & Supply, Inc.** by (signature) *[Signature]*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	7	Top Soil		
	7	15	Clay			
	15	20	Med. to Lar. Sand			
	<b>(20)</b>	245	Black Shale, lots of caliche streaks			
	245	410	Fine to Med. Sandstone			
			<b>BRICK 20'</b>			
			<b>CRETACEOUS WELL</b>			
						<b>2284</b>
						<b>264</b>
						<b>TOPO</b>

ELEVATION: **Valley**

Depth(s) Groundwater Encountered **Not available** 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  
31  
R  
24  
SEC.  
17  
NE 1/4  
NE 1/4  
SW 1/4