

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>POT</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>7</u>	T <u>9</u> S <u>8</u>	R <u>8</u> EW <u>8</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Manhattan Take Highway 24 To 13 Highway 60 1 1/2 miles To Spilway Marina Rd + Go 3 miles North To Taylor View Rd.</u>					
2 WATER WELL OWNER: <u>DAN MARTIN</u>					
RR#, St. Address, Box #: <u>5460 Taylors View Rd.</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Manhattan, Kansas 66502</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>200</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>154</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>130</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>100</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <u>9</u> in. to <u>200</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? <input checked="" type="checkbox"/> Yes _____ No			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass	
Blank casing diameter <u>5</u> in. to <u>180</u> ft. Dia		Casing JOINTS: <input checked="" type="checkbox"/> Glued _____ Clamped _____		<input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below)	
Casing height above land surface <u>2</u> in. weight <u>50</u> lbs./ft. Wall thickness or gauge No. _____		<input type="checkbox"/> Welded _____ <input type="checkbox"/> Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 2 Brass		<input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel		<input checked="" type="checkbox"/> 5 PVC <input type="checkbox"/> 6 RMP (SR) <input type="checkbox"/> 7 ABS	
<input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS		<input type="checkbox"/> 10 Asbestos-cement <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"/> 2 Louvered shutter		<input checked="" type="checkbox"/> 3 Mill slot <u>25/1000</u> <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut	
<input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) _____		<input type="checkbox"/> 11 None (open hole)			
SCREEN-PERFORATED INTERVALS: From <u>180</u> ft. to <u>200</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>200</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout		<input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____			
Grout Intervals: From <u>0</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines		<input checked="" type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit		<input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard	
<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage		<input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) _____			
Direction from well? <u>WEST</u>		How many feet? <u>150</u>			
FROM TO LITHOLOGIC LOG			FROM TO PLUGGING INTERVALS		
0	1/2	Top Soil	109	118	Limstone
1/2	3	Grey Shale	118	135	Grey Shale
3	4	Limstone	135	138	Limstone
4	13	yellow shale	138	145	Grey Shale
13	18	Grey Shale	145	150	Limstone
18	32	Brown shale	150	154	Grey Shale
32	34	Limstone	154	166	Limstone (WATER)
34	61	Tan Shale	166	171	Grey Shale
61	70	Greenish Shale	171	174	Limstone
70	78	Limstone	174	200	Grey Shale
78	85	Brown shale			
85	90	Limstone			
90	93	Greenish Shale			
93	95	Limstone			
95	109	Brown shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9/22/93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>451</u> This Water Well Record was completed on (mo/day/yr) <u>10/17/93</u> under the business name of <u>Halderson Well Drilling</u> by (signature) <u>Craig Cuppe</u>					