

1 LOCATION OF WATER WELL: County: <u>Pott</u>		Fraction: <u>SE 1/4 SE 1/4 NW 1/4</u>	Section Number: <u>18</u>	Township Number: <u>T 9 S</u>	Range Number: <u>R 8 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Manhattan Go North on 24</u> <u>4 miles to 13 Highway & Go East 1.5 miles to Spillway Marina Rd. First lot on right</u>					
2 WATER WELL OWNER: <u>Wade & Co. L Houghtaling</u> RR#, St. Address, Box #: <u>2750 Moehlan Road #2</u> City, State, ZIP Code: <u>Manhattan, KS 66502</u> Board of Agriculture, Division of Water Resources Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>190</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered: <u>1</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL: <u>125</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield: <u>30</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"/> 6 Oil field water supply <input type="checkbox"/> 9 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 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		Casing Joints: <u>Glued</u> _____ Clamped _____			
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)			
Blank casing diameter: <u>5</u> in. to <u>180</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface: <u>2'</u> in. weight <u>54 lb</u> lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <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 checked="" type="checkbox"/> 3 Mill slot <u>25/1000</u> <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From _____ ft. to <u>100</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to <u>25</u> ft. From _____ ft. to <u>190</u> ft. From _____ ft. to _____ 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 _____ ft. to <u>25</u> 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 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage			
Direction from well?		How many feet? _____			
FROM TO LITHOLOGIC LOG		FROM TO		PLUGGING INTERVALS	
0	1	Top Soil	94	98	Brown shale
1	2 1/2	Limestone	98	101	Limestone
2 1/2	6	Brown Clay	101	110	Greenish Shale
6	10	Limestone	110	116	Limestone
10	25	Tan Shale	116	122	Brown Shale
25	33	Red Shale	122	126	Yellow shale Limestone
33	37	Limestone	126	137	Yellow shale
37	45	Tan Shale	137	142	Limestone
45	48	Limestone	142	155	Gray Shale
48	52	Tan Shale	155	160	Limestone (Water)
52	56	Gray Shale	160	181	Gray Shale
56	68	Tan Shale	181	189	Limestone
68	71	Limestone	189	200	Gray Shale
71	89	Tan Shale			
89	94	Limestone			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5/23/95</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>5/23/95</u> under the business name of <u>Haldeman Well Drilling</u> by (signature) <u>Craig Haldeman</u>					