

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>	<b>SE</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$	<b>17</b>	T <b>15</b> S	R <b>3</b> E <b>W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**Smolan Oil, 402 E. North St., Smolan, Ks**

2 WATER WELL OWNER: <b>Philip L. Nelson</b>	RR#, St. Address, Box # : <b>220 S. Main St.</b>	Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <b>Smolan, Ks 67456</b>	<b>MW-20</b>	Application Number:	

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

4 DEPTH OF COMPLETED WELL **25** ft. ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **na** ft. below land surface measured on mo/day/yr \_\_\_\_\_

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **8** in. to **25** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feed lot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
9 Dewatering	12 Other (Specify below)	

☒ 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No ☒ If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No ☒

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)
<input checked="" type="checkbox"/> 2 PVC	4 ABS

Blank casing diameter **2** in. to **10** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **0** in., weight **.716** lbs./ft. Wall thickness or gauge No. **.154**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS:

From <b>10</b> ft. to <b>25</b> ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS:

From <b>8</b> ft. to <b>25</b> ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement	<b>2 Cement grout</b>	3 Bentonite	4 Other
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Grout Intervals From **0** ft. to **6** ft. From **6** ft. to **8** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

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

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>.5</b>		<b>Soil</b>			
<b>.5</b>	<b>3</b>		<b>Silty clay</b>			
<b>3</b>	<b>6.5</b>		<b>Silty clay, blocky, dense, root</b>			
			<b>Tracks</b>			
<b>6.5</b>	<b>14</b>		<b>Clayey silt</b>			
<b>14</b>	<b>19</b>		<b>Grades to very fine grained</b>			
			<b>Sand, clayey &amp; silty</b>			
<b>19</b>	<b>20</b>		<b>Grades to silty clay to clayey</b>			
			<b>Silt, stiff, dense</b>			
<b>20</b>	<b>25</b>		<b>Silty clay to clayey silt, stiff,</b>			
			<b>Dense. Poor recovery, may</b>			
			<b>Have some very thin streaks</b>			

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/yr) **7-29-03** and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **9-9-02**

under the business name of **Woofter Pump and Well Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.