

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>SALINE</u>		<u>NW 1/4 NW 1/4 NW 1/4</u>		<u>16</u>		T <u>15</u> S		R <u>4</u> E <u>(W)</u>			
Distance and direction from nearest town or city street address of well if located within city? <u>5 miles west & 1 mile north of Smolan KS</u>											
2 WATER WELL OWNER: <u>SMOKEY HILL ANG RANGE</u>											
RR#, St. Address, Box # <u>8429 W FARNELLY ROAD</u>											
City, State, ZIP Code <u>SALINA, KS 67401</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>22</u> ft. ELEVATION:									
		Depth(s) Groundwater Encountered 1. <u>13.5</u> ft. 2. <u>7.5</u> ft. 3. <u>10-13-97</u> ft.									
		WELL'S STATIC WATER LEVEL <u>13.5</u> ft. below land surface measured on mo/day/yr <u>10-13-97</u>									
		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 <u>4</u> in. to _____ 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"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well <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 <input type="checkbox"/> No											
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ <u>HAND DUG</u> <u>4 FT</u> 7 Fiberglass <u>STONE</u> Threaded _____											
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.											
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ SCREEN OR PERFORATION OPENINGS ARE: 7 Torch cut 12 None used (open hole)											
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____											
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ 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) <u>OLD BASEMENT</u> 13 Insecticide storage											
Direction from well? <u>WEST</u> How many feet? <u>20</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
				<u>REMOVED Lining to 5'</u>							
				<u>REMOVED WATER</u>							
<u>22</u>		<u>13.5</u>		<u>COURSE SAND (106.76 CU FT)</u>							
<u>13.5</u>		<u>5</u>		<u>CLAYS (106.76 CU FT)</u>							
<u>5</u>		<u>4.5</u>		<u>BENTONITE CHIPS (6.48 CU FT)</u>							
<u>4.5</u>		<u>0</u>		<u>CLAYS (56.82 CU FT)</u>							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <input checked="" type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>10-13-97</u> and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No. <u>559</u> This Water Well Record was completed on (mo/day/yr) <u>10-18-97</u>											
under the business name of <u>MANTLE WATER WELL DRILLING</u> by (signature) <u>BOY E. M. JR.</u>											
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											

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