

1) LOCATION OF WATER WELL: County: <u>SALINE</u>		Fraction <u>NW ¼ NW ¼ NW ¼</u>	Section Number <u>17</u>	Township Number <u>T 15 S</u>	Range Number <u>R 4 E/W</u>																																				
Distance and direction from nearest town or city street address of well if located within city? <u>3.5 miles SSW OF BAVARIA</u>																																									
2) WATER WELL OWNER: <u>SMOXY HILL WEAPONS RANGE</u>																																									
RR#, St. Address, Box #: <u>8429 W. FARRELLY RD</u>				Board of Agriculture, Division of Water Resources																																					
City, State, ZIP Code: <u>SALINA KS 67401</u>				Application Number:																																					
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>19</u> ft. ELEVATION: <u>1368</u>																																							
		Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft.																																							
		WELL'S STATIC WATER LEVEL <u>14.2</u> ft. below land surface measured on mo/day/yr <u>8/26/91</u>																																							
		Pump test data: Well water was <u>17.4</u> ft. after <u>3.5</u> hours pumping <u>.028</u> gpm																																							
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																							
		Bore Hole Diameter <u>7 1/4</u> in. to <u>19</u> in., and _____ in. to _____ in.																																							
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only ☒ 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)		CASING JOINTS: Glued _____ Clamped _____																																					
☒ PVC		4 ABS		Welded _____																																					
		7 Fiberglass		Threaded <u>JR. LOC.</u>																																					
Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																									
Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____																																									
TYPE OF SCREEN OR PERFORATION MATERIAL:																																									
1 Steel		3 Stainless steel		5 Fiberglass																																					
2 Brass		4 Galvanized steel		6 Concrete tile																																					
				8 RMP (SR)																																					
				9 ABS																																					
				10 Asbestos-cement																																					
				11 Other (specify) _____																																					
				12 None used (open hole)																																					
SCREEN OR PERFORATION OPENINGS ARE:																																									
1 Continuous slot		☒ Mill slot		5 Gauzed wrapped																																					
2 Louvered shutter		4 Key punched		6 Wire wrapped																																					
				7 Torch cut																																					
				8 Saw cut																																					
				11 None (open hole)																																					
SCREEN-PERFORATED INTERVALS:																																									
From <u>4</u> ft. to <u>19</u> ft., From _____ ft. to _____ ft.																																									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																									
GRAVEL PACK INTERVALS:																																									
From <u>2.5</u> ft. to <u>19</u> ft., From _____ ft. to _____ ft.																																									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																									
6) GROUT MATERIAL:																																									
1 Neat cement		☒ Cement grout		☒ Bentonite chips																																					
Grout intervals: From <u>SURFACE</u> ft. to <u>1</u> ft., From _____ ft. to _____ ft.		4 Other _____																																							
What is the nearest source of possible contamination:																																									
1 Septic tank		4 Lateral lines		7 Pit privy																																					
2 Sewer lines		5 Cess pool		8 Sewage lagoon																																					
3 Watertight sewer lines		6 Seepage pit		9 Feedyard																																					
Direction from well? <u>SSE</u>				10 Livestock pens																																					
				11 Fuel storage																																					
				12 Fertilizer storage																																					
				13 Insecticide storage																																					
				14 Abandoned water well																																					
				15 Oil well/Gas well																																					
				☒ Other (specify below) <u>ABANDONED LANDFILL</u>																																					
				How many feet? <u>200</u>																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.5'</td> <td>BROWN SILTY SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.5</td> <td>6.5'</td> <td>TAN SILTY SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6.5</td> <td>8.5</td> <td>BROWN SILTY CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8.5</td> <td>16</td> <td>LIGHT GRAY CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16</td> <td>19</td> <td>GRAY SHALE</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	0.5'	BROWN SILTY SAND				0.5	6.5'	TAN SILTY SAND				6.5	8.5	BROWN SILTY CLAY				8.5	16	LIGHT GRAY CLAY				16	19	GRAY SHALE			
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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>8/23/91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>5346</u> This Water Well Record was completed on (mo/day/yr) <u>10-3-91</u> under the business name of <u>Professional Service Industries</u> by (signature) <u>[Signature]</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.																																									