

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>		<u>SW 1/4 SE 1/4 SE 1/4</u>	<u>23</u>	<u>T 15 S</u>	<u>R 5 E</u> W
Distance and direction from nearest town or city street address of well if located within city? <u>4 miles west & 4 miles north of FALUN KS</u>					
2 WATER WELL OWNER: <u>SMOKEY HILL ANG RANGE</u>					
RR#, St. Address, Box # <u>8429 W FARNELLY ROAD</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>14</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>NO WATER</u> ft. below land surface measured on mo/day/yr <u>10-15-97</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>WAS</u> in. to ft., and in. to ft.			
WELL WATER TO BE USED AS:					
<div style="display: flex; justify-content: space-between;"> 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) </div> <div style="display: flex; justify-content: space-between;"> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well </div>					
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:					
<div style="display: flex; justify-content: space-between;"> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped </div> <div style="display: flex; justify-content: space-between;"> 2 Brass 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded </div> <div style="display: flex; justify-content: space-between;"> Blank casing diameter <u>4 FT</u> in. to ft., Dia 7 Fiberglass <u>STONE</u> Threaded </div>					
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<div style="display: flex; justify-content: space-between;"> 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement </div> <div style="display: flex; justify-content: space-between;"> 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) </div> <div style="display: flex; justify-content: space-between;"> SCREEN OR PERFORATION OPENINGS ARE: 7 Torch cut 10 Other (specify) </div>					
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
<div style="display: flex; justify-content: space-between;"> 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well </div> <div style="display: flex; justify-content: space-between;"> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well </div> <div style="display: flex; justify-content: space-between;"> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) </div> <div style="display: flex; justify-content: space-between;"> 13 Insecticide storage </div>					
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
14	5	Removed Lining to 5'			
5	4.5	CLAYS (113.04 cu ft)			
4.5	0	Bentonite chips (6.28 cu ft)			
		CLAYS (56.52 cu ft)			
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>10-15-97</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>MARTIN WATER WELL DRILLING</u> by (signature) <u>John E. Martin</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.					

OFFICE USE ONLY

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