

1 LOCATION OF WATER WELL: County: SALINE Fraction: SE 1/4 SW 1/4 SE 1/4 Section Number: 11 Township Number: T 16 Range Number: R 5 EW

Distance and direction from nearest town or city street address of well if located within city?
4 MILES WEST OF FALUN KS

2 WATER WELL OWNER: SMOKEY HILL ANG RANGE
RR#, St. Address, Box # 8429 W. FARRELLY ROAD
City, State, ZIP Code SALINA, KS 67401

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: 12.5 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL 7 ft. below land surface measured on mo/day/yr 10-17-97
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 WAS _____ in. to _____ ft., and _____ in. to _____ ft.
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 10 Monitoring well _____
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was sub
mitted _____ Water Well Disinfected? Yes 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) STONE Welded _____
HAND PUMP Black casing diameter 5 FT 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) _____
9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
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: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) CREEK
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
Direction from well? EAST How many feet? 50

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

12.5 7 REMOVED LINING to 5'
7 5 REMOVED WATER
5 4.5 COURSE SAND (107.99 CU FT)
4.5 0 CLAYS (39.27 CU FT)
5 4.5 BENTONITE CHIPS (9.82 CU FT)
4.5 0 CLAYS (88.35 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) 10-17-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 559 This Water Well Record was completed on (mo/day/yr) 10-30-97 under the business name of MANTRA WATER WELL DRILLING by (signature) AG E. MATH

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.