

<b>1 LOCATION OF WATER WELL:</b>		<b>Fraction</b>	<b>Section Number</b>	<b>Township Number</b>	<b>Range Number</b>
County: <u>SALINE</u>		<u>SE ¼ NE ¼ SE ¼</u>	<u>27</u>	<u>T 16 S</u>	<u>R 5 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>5 miles west &amp; 3 miles south of FALUN KS</u>					
<b>2 WATER WELL OWNER:</b> <u>SMOKEY HILL RANG RANGE</u>					
RR#, St. Address, Box # <u>8429 W FRANKLIN ROAD</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code <u>SALINA, KS 67401</u>				Application Number:	
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>10.5</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.			
		WELL'S STATIC WATER LEVEL <u>5</u> ft. below land surface measured on mo/day/yr <u>10-18-97</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:			
		<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"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes. . . . . No. . . . . ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? <input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter <u>Hand dug</u> . . . . . in. to . . . . . ft., Dia				7 Fiberglass	
Casing height above land surface . . . . . in., weight . . . . . lbs./ft.				8 Concrete tile	
				9 Other (specify below) <u>STONE</u>	
				CASING JOINTS: Glued . . . . . Clamped . . . . .	
				Welded . . . . . Threaded . . . . .	
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
<b>SCREEN-PERFORATED INTERVALS:</b> 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.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement    2 Cement grout <input checked="" type="radio"/> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) <u>Lake</u>	
Direction from well? <u>south</u>				How many feet? <u>50</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		REMOVE LINING TO 5'			
		REMOVE WATER			
10.5	5	COURSE SAND (155.50 CU FT)			
5	4.5	BENTONITE CHIPS (14.14 CU FT)			
4.5	0	CLAYS (127.23 CU FT)			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-18-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>558</u> This Water Well Record was completed on (mo/day/yr) <u>10-30-97</u> under the business name of <u>MANTON WATER WELL DRILLING</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.					