

1 LOCATION OF WATER WELL: Fraction NW ¼ SE ¼ NW ¼		Section Number 1		Township Number T 18 S		Range Number R 15 W																																																																			
County: Barton		Distance and direction from nearest town or city street address of well if located within city? 322 Main Street, Olmitz, KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 38.51712 ° Longitude: W 98.93504 ° Elevation: Rim: 2015.56 TOC: 2015.17 Datum: above mean sea level Data Collection Method: legal survey																																																																					
2 WATER WELL OWNER: Mantz Station (KDHE T&M) RR#, St. Address, Box # : 1000 SW Jackson, #410 City, State, ZIP Code : Topeka, KS 66612																																																																									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 25 ft.																																																																							
		Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 24.00 ft. below land surface measured on mo/day/yr 5/15/08 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well																																																																							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr _____ Sample was submitted _____ Water Well Disinfected? Yes _____ No X																																																																							
		5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ 2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface 0.39 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____																																																																							
		TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____																																																																							
SCREEN-PERFORATED INTERVALS: From 10 ft. to 25 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From 9 ft. to 25 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 Concrete: 0-2 feet Grout Intervals From 2 ft. to 9 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 13 Insecticide Storage 16 Other (specify) _____ 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) _____ 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well _____ Direction from well? Northwest How many feet? ~335																																																																									
<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>1</td> <td>Grass, topsoil, dark brown silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>5</td> <td>Brown silty clay, moist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>10</td> <td>Lt yellow brown clayey silt, layered</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>14</td> <td>Yellow brown clayey silt, some LS gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>20</td> <td>Yellow brown clayey silt, some LS gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23</td> <td>25</td> <td>Yellow brown clayey silt, some LS gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	Grass, topsoil, dark brown silty clay				3	5	Brown silty clay, moist				8	10	Lt yellow brown clayey silt, layered				12	14	Yellow brown clayey silt, some LS gravel				18	20	Yellow brown clayey silt, some LS gravel				23	25	Yellow brown clayey silt, some LS gravel																												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) 5/13/08 and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 6/24/08 under the business name of Larsen & Associates, Inc. by (signature) _____ INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell .					
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