

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>KEARNEY</u>		<u>NE</u> 1/4 SW 1/4 SW 1/4	<u>11</u>	T <u>25</u> S	R <u>37</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3 1/2 M. WEST LAKIN, 3 M. SOUTH, 3 M. WEST 300 YDS SOUTH</u>					
2 WATER WELL OWNER: <u>SMITH SAND CO.</u>					
RR#, St. Address, Box # : <u>GARDEN CITY, KS. 67846</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL... <u>55</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL ... <u>19</u> ft. below land surface measured on mo/day/yr <u>7/10/81</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>9 7/8</u> in. to ... <u>220</u> 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 Observation well					
Was a chemical/bacteriological sample submitted to Department? Yes.....No... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded <input type="checkbox"/> 3 Fiberglass Threaded					
Blank casing diameter ... <u>5</u> in. to ... <u>35</u> ft., Dia. in. to ... ft., Dia. in. to ... ft.					
Casing height above land surface ... <u>18</u> in., weight ... <u>200</u> lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From. <u>35</u> ft. to ... <u>55</u> ft., From ... ft. to ... ft.					
GRAVEL PACK INTERVALS: From ... ft. to ... ft., From ... ft. to ... ft.					
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other					
Grout Intervals: From ... <u>5</u> ft. to ... <u>25</u> ft., From ... ft. to ... ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)*					
Direction from well? <u>north</u> How many feet? <u>150</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6	TOP SOIL			
6	10	BROWN SANDY CLAY			
10	55	COURSE GRAVEL (LOOSE) MIXED WITH ROCK			
55	60	YELLOW CLAY			
60	100	BLUE SHALE (HARD ROCK)			
100	135	SANDSTONE (TIGHT) ST SHALE			
135	220	SHALE ST ROCK			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7/10/81</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>172</u> This Water Well Record was completed on (mo/day/yr) <u>6/82</u> under the business name of <u>JONAGAN DRILLING CO.</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Use typewriter or ball point pen, <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					