

LOCATION OF WATER WELL: County: SHERMAN	Fraction SE 1/4 SE 1/4 NW 1/4	Section Number 29	Township Number T 6 S	Range Number R 42 E/W
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Distance and direction from nearest town or city street address of well if located within city?
North 12 miles from Kanorado, Kansas

2 WATER WELL OWNER: **Don Boll**
 RR#, St. Address, Box #: **Rt. 3**
 City, State, ZIP Code: **Goodland, Kansas 67735**
 Board of Agriculture, Division of Water Resources
 Application Number: **35,678**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: **316** ft. ELEVATION: **3,858**

Depth(s) Groundwater Encountered 1. **190+** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **190** ft. below land surface measured on mo/day/yr **12-7-83**

Pump test data: Well water was **310** ft. after **4** hours pumping **599** gpm

Est. Yield **650** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **28** in. to **316** 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
2 Irrigation	4 Industrial	9 Dewatering
	7 Lawn and garden only	10 Observation well
		12 Other (Specify below)

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:

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)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **16** in. to **226** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **188**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
				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	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From **226** ft. to **306 W A Brown** ft.

From **306** ft. to **316 Cook** ft.

GRAVEL PACK INTERVALS: From **10** ft. to **316** ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From **0** ft. to **10** 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **West** How many feet? **3000**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	0/ Top Soil	162	179	Med. sand & SS - Clay Streaks
4	56	0/ Sandy & Sandy Clay	179	182	23 Sandstone
56	60	1/ Coarse sand to coarse gravel	182	186	05 Fine to Med. sand
60	74	23 Sandstone & sandy clay	186	190	23 Sand & Sandstone
74	84	1/ Coarse sand to coarse gravel	190	194	1/ Coarse sand to Cr. Gravel
84	92	Sandstone & Sandy Clay	194	202	23 Sandstone & Clay
92	100	Coarse sand to med. gravel SS Strips	202	210	05 Fine to med. sand
100	104	23 Sandstone & Clay	210	212	23 Sandstone & sand
104	110	1/ Coarse sand to med. gravel	212	215	1/ Coarse sand to med. gravel
110	122	23 Sandstone & Clay	215	219	Sandstone & clay
122	128	1/ Coarse sand & fine gravel	219	223	Med. sand & sandstone
128	139	Sandstone & sand - some clay	223	226	Sandstone & Clay
139	152	Coarse sand & med. gr. SS Streaks	226	240	23 Sandstone & Sandy Clay - some sand
152	160	Coarse sand & sandstone - Sandy Clay	240	248	07 Fine sand
160	162	Sandstone - HARD	248	265	23 Sand & sandstone - with sandy clay

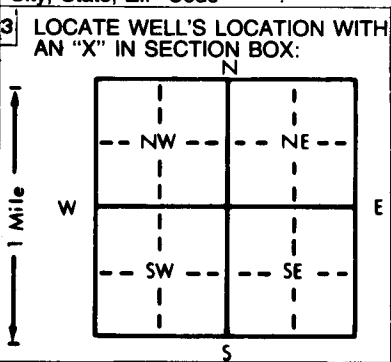
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **Sept. 15, 1983** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **245** This Water Well Record was completed on (mo/day/yr) **12-17-83** under the business name of **Western Well & Pump, Inc.** by (signature) **Roy F. Demore Jr**

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

LOCATION OF WATER WELL: County: **SE 1/4 SE 1/4 NW 1/4** Section Number: **29** Township Number: **T 6 S** Range Number: **R 42 E**

Distance and direction from nearest town or city street address of well if located within city? _____

2 WATER WELL OWNER: **Don Boil** (Page 2) Continuation of log only
 RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: _____ Application Number: _____



4 DEPTH OF COMPLETED WELL: _____ ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____

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 _____ in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

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		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No _____

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		7 Fiberglass		Threaded _____

Blank casing diameter _____ 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:

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SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: 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., From _____ ft. to _____ ft.

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3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		Continued from page 1			
265	272 ⁰⁴	Fine sand - clay streaks			
272	277 ²³	Sandstone & sandy clay			
277	281	Fine sand & Sandy Clay			
281	290 ⁰⁴	Fine sand - clay streaks			
290	305 ¹⁷	Fine to med. sand - some fine gravel			
305	314 ⁰⁴	Sandy & Sandy Clay			
314	316 ¹⁹	Ochre & Shale			

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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) _____ under the business name of _____ by (signature) _____

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