| WATE   | R WELL  | RECORD                                  |                  | Form WWG           | Division of Water Resources; App. No. |                |                 |                                      |                          |  |  |
|--|---|---|------------------|--------------------|---------------------------------------|----------------|-----------------|--------------------------------------|--------------------------|--|--|
| 1 LOCATION OF WATER WELL:  |   |   | Fraction         |                    |                                       | umber          | Township Number | Range Number                         |                          |  |  |
| Coun   | County: Dickinson   |   |                  | SW 1/4 NE 1/4      | SW 1/4                                | 8              |                 | T 11 S                               | R 3 E/***                |  |  |
| Distance and direction from nearest town or city street address of well if Global Positioning Syst   |   |   |                  |                    |                                       |                |                 | Systems (decimal deg                 | rees, min. of 4 digits)  |  |  |
| 1  | located within city?  |   |                  |                    |                                       |                |                 | Latitude:                            |                          |  |  |
|  | 1423 3550 Rd Abilene, Kansas 67410  |   |                  |                    |                                       |                | Longitude:      |                                      |                          |  |  |
| l .  | 2 WATER WELL OWNER: Stewe Ring RR#, St. Address, Box # : 3004 Brentwood Way                         |   |                  |                    |                                       | Elevation:     |                 |                                      |                          |  |  |
| I  | , St. Addre<br>, State, ZIP   | a 1                                     |                  | twood Way          |                                       | Datum:         |                 |                                      |                          |  |  |
|  | -   |   |                  | and NB 68          |                                       |                |                 | Method:                              |                          |  |  |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 114 ft.  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| LOCATION WITH AN "X" IN Depth(s) Groundwater Encountered (1)7.6 ft. (2) ft. (3) ft.  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| I  | TION BOX: WELL'S STATIC WATER LEVEL5.8ft. below land surface measured on mo/day/yr5/.19/.07         |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| SEC  | N   | Pump test data: Well water wasft. after |                  |                    |                                       |                |                 |                                      |                          |  |  |
|  | Est. Yield5gpm: Well water wasft. after hours pumping   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| NIX  | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| w   N  | V           E   1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| SW SE W  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No*; If yes, mo/day/yrs Sample was submitted  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| Sample was submitted   |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued* Clamped  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| 1  | E OF CAS  | NG USED:                                | 5 Wrought Ir     | on 8 Co.           | ncrete tile                           | helow)         | CASING          | JUINIS: Glued                        |                          |  |  |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| Blank casing diameter  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| Casing height above land surface   |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify)   |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| 2 Brass 4 Galvanized Steal 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 Gauzed 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)   |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| From   |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| GRAVEL PACK INTERVALS: From. 2.4. ft. to 11.4. 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 In   |   |   |                  | ,                  |                                       | 11. 10         | 11              | i., FIOIII                           | 11. 1011.                |  |  |
| 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  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
|  |   |   |                  |                    |                                       |                |                 | below)                               |                          |  |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well   |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| Direction from well? WORTHWEST WILLBE How many feet? .1.40   |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| FROM   | TO  |   | LITHOLOGIC I     | LOG                | FROM                                  | OT 1           |                 | tivi dyksoush                        |                          |  |  |
| 0  | 1   | DARK TOP                                |                  |                    | 48                                    | 49             |                 | COLOR SHALE                          | & CLAY                   |  |  |
| 1  | 3   | BROWN CL                                |                  |                    | 49                                    | 58             |                 | LIMESTONE                            |                          |  |  |
| 3  | 6   |   | E COLOR L        | IMESTONE           | 58                                    | 76             |                 | SHALE                                |                          |  |  |
| 6  | 14  | LITE COL                                |                  |                    | 76                                    | 81             |                 | COLOR SHALE                          |                          |  |  |
| 14   | 17<br>18  | GRAY SHA                                | OR LIMEST        | ONE                | 81                                    | 88             |                 | SHALE & CLA                          |                          |  |  |
| 18   | 22  |   |                  | GRAY SHAL          | E 100                                 |                |                 | <u> BROWN &amp; GRA</u><br>GRAY CLAY | II SHALL                 |  |  |
| 22   | 36  |   | MAROON SH        |                    | E 108                                 |                |                 | SOLID CLAY                           |                          |  |  |
| 36   | 42  |   | LE & CLAY        |                    | <del></del>                           | 2 114          | GRAI            | SOUTH CHAI                           |                          |  |  |
| 42   | 48  | HARD LIM                                |                  |                    |                                       |                |                 |                                      |                          |  |  |
| 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./.1.9./.07 and this record is true to the best of my knowledge and belief.   |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| Kansas Water Well Contractor's License No  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| under the business name of CENTRAL KANSAS DRILLING by (signature) Western Williams, underline or circle the correct answers. Send top  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |
| INSTRUC  | CTIONS: Us  | e typewriter or ball                    | point pen. PLEAS | E PRESS FIRMLY and | l PRINT clear                         | rly. Please fi | ll in blanks    | s, underline or circle the co        | errect 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/index.html.  |   |   |                  |                    |                                       |                |                 |                                      |                          |  |  |