

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County <u>Dickinson</u>		<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>36</u>	<u>T</u> <u>12</u> <u>S</u>	<u>R</u> <u>1</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 1/8 miles South of Talmage, Kansas</u>					
2 WATER WELL OWNER: <u>Robert Heibert</u>					
RR#, St. Address, Box # : <u>415 NE 9th</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Abilene, Kansas 67410</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>85</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered <u>1</u> <u>35</u> ft. <u>2</u> _____ ft. <u>3</u> _____ ft.			
		WELL'S STATIC WATER LEVEL <u>27</u> <u>5</u> ft. below land surface measured on mo/day/yr <u>9 / 8 / 95</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>3</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>85</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 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>*</u> _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>*</u> 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 _____ 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:					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
				9 ABS	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 _____		ft. to _____	ft. to _____	ft. to _____	ft. to _____
From _____		ft. to _____	ft. to _____	ft. to _____	ft. to _____
GRAVEL PACK INTERVALS:					
From _____		ft. to _____	ft. to _____	ft. to _____	ft. to _____
From _____		ft. to _____	ft. to _____	ft. to _____	ft. to _____
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.					
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? _____ How many feet? _____					
FROM TO LITHOLOGIC LOG			FROM TO PLUGGING INTERVALS		
0	1	DARK TOP SOIL	0	3	TOP SOIL
1	3	BROWN CLAY	3	10	BENTONITE SEALER
3	4	LITE COLOR LIMESTONE	10	26	COMPACTED CLAY
4	10	LITE COLOR SHALEY CLAY	26	85	FILL SAND
10	27	RED & TAN & GRAY SHALEY CLAY			
27	29	LITE GRAY SHALEY CLAY			
29	32	RED & GRAY SHALEY CLAY			
32	43	LITE GRAY TAN SHALEY CLAY			
43	46	DARK GRAY SHALEY CLAY			
46	48	GRAY LIMESTONE			
48	58	GRAY CLAY & SHALE			
58	61	HARD DARK GRAY LIMESTONE			
61	65	GRAY SHALE			
65	78	RED CLAY SHALE			
78	85	GYPSON ROCK			
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) <u>9 / 8 / 95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>397</u> This Water Well Record was completed on (mo/day/yr) <u>9 / 26 / 95</u> under the business name of <u>CENTRAL KANSAS DRILLING</u> by (signature) <u>Harold D. Martin</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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