

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Dickinson</u>		<u>SW 1/4 SE 1/4 SW 1/4</u>	<u>36</u>	<u>T 12 S</u>	<u>R 1 E/W*</u>
Distance and direction from nearest town or city street address of well if located within city? <u>5 miles South of Talmage, Ks on Fair Rd &amp; 2/3 mile West on 629 2500 Ave</u>					
2 WATER WELL OWNER: <u>Jeff Sleichter</u>					
RR#, St. Address, Box # : <u>629 - 2500 Ave</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>52</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>1</u> <u>36</u> ft. 2 <u>3</u> ft.			
		WELL'S STATIC WATER LEVEL <u>36</u> ft. below land surface measured on mo/day/yr <u>4</u> / <u>30</u> / <u>05</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
WELL WATER TO BE USED AS:					
<u>1</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>8</u> Air conditioning <u>11</u> Injection well <u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Domestic (lawn & garden) <u>9</u> Dewatering <u>12</u> Other (Specify below)					
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 <u>*</u> Clamped _____ 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____ 7 Fiberglass    Threaded _____					
Blank casing diameter <u>5</u> in. to <u>52</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>24</u> in., weight <u>20.0</u> lbs./ft. Wall thickness or gauge No. <u>25.0</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel    3 Stainless Steel    5 Fiberglass <u>7</u> PVC    10 Asbestos-Cement 2 Brass    4 Galvanized Steel    6 Concrete tile    8 RMP (SR)    11 Other (Specify) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot <u>3</u> Mill slot    5 Guazed 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) _____ ft.					
SCREEN-PERFORATED INTERVALS: From <u>32</u> ft. to <u>52</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>52</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout <u>3</u> Bentonite    4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>23</u> 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? <u>NORTH</u> APPROX    How many feet? <u>85</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	BROWN CLAY			
1	3	DARK CLAY			
3	15	BROWN CLAY & LITE COLOR CLAY			
15	16	LITE COLOR SANDY CLAY			
16	18	LITE COLOR SHALEY CLAY			
18	20	RED SHALE			
20	23	TAN & LITE GRAY CLAY			
23	36	LITE COLOR SHALE & CLAY			
36	38	LITE COLOR LIMESTONE			
38	40	SOFT CLAY			
40	41	DARK SHALE			
41	48	SOFT CLAY			
48	49	GRAY MUD			
49	52	GRAY 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) <u>4</u> / <u>30</u> / <u>05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>397</u> This Water Well Record was completed on (mo/day/yr) <u>5</u> / <u>4</u> / <u>05</u> under the business name of <u>CENTRAL KANSAS DRILLING</u> by (signature) <u>Harold B. Martin</u>					
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, 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.					