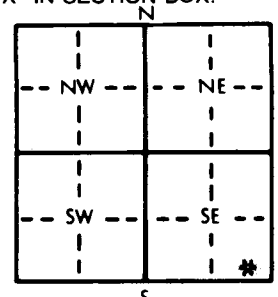


1 LOCATION OF WATER WELL: County: Dickinson	Fraction SW 1/4 SE 1/4 SE 1/4	Section Number 34	Township Number T 12 S	Range Number R 2 E
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Distance and direction from nearest town or city street address of well if located within city?
From Abilene, Ks go 2 miles North of Hwy 40 on Hwy 15 & 1 3/8 mile East

2 WATER WELL OWNER: **John Cook**
 RR#, St. Address, Box # : **Rt 1**
 City, State, ZIP Code : **Abilene, Kansas 67410**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 120 ft. ELEVATION: Depth(s) Groundwater Encountered 1. 88 ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 84 ft. below land surface measured on mo/day/yr 12 / 9 / 89 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 5 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 9 in. to 120 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 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 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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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 **5** in. to **120** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **18** in., weight **160** lbs./ft. Wall thickness or gauge No. **214**
 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 **80** ft. to **120** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **24** ft. to **120** 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 Intervals: From **4** ft. to **24** 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? **NORTHWEST** How many feet? **160**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	DARK TOP SOIL	119	120	DARK BLUE LIMESTONE & FLINT ROCK
1	5	BROWN CLAY			
5	10	LITE COLOR CLAY & SHALE			
10	16	BROWN CLAY			
16	19	LITE COLOR CLAY & SHALE			
19	29	RED CLAY & SHALE			
29	47	LITE COLOR SHALE			
47	54	LIMESTONE			
54	60	GRAY SHALE			
60	65	DARK LIMESTONE			
65	71	LITE COLOR SHALE			
71	83	RED SHALE			
83	88	LITE COLOR SHALE & GRAY MIXED			
88	110	DARK LIMESTONE			
110	119	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) **12 / 9 / 89** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **397**. This Water Well Record was completed on (mo/day/yr) **1 / 22 / 90** under the business name of **CENTRAL KANSAS DRILLING** by (signature) *Harold D. Martin*

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

22-8902354402

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