

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number												
County: <u>Dickinson</u>	<u>SE 1/4 SE 1/4 NE 1/4</u>	<u>4</u>	<u>T 12 S</u>	<u>R 2 E#</u>												
Distance and direction from nearest town or city street address of well if located within city? <u>1/4 mile North of Talmage, Ks to Hwy 18 & 3 miles East & 5/8 mile North at 3081 Hawk Rd</u>																
2 WATER WELL OWNER <u>Anthony Robinson</u>		Rd														
RR#, St. Address, Box # <u>3081 Hawk Rd</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>10.4</u> ft. ELEVATION:														
<div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td><td style="text-align: center;">*</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td><td style="text-align: center;"></td></tr> </table> S </div>					NW	NE	*				SW	SE		Depth(s) Groundwater Encountered 1 <u>90</u> ft. 2 <u>90</u> ft. 3 <u>23</u> / <u>03</u> ft. WELL'S STATIC WATER LEVEL <u>68</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>1.4</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>9</u> Dewatering <u>11</u> Injection well <u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Domestic (lawn & garden) <u>10</u> Monitoring well <u>12</u> Other (Specify below)		
		NW	NE	*												
SW	SE															
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												
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)												
			7 Fiberglass	CASING JOINTS: Glued <u>*</u> Clamped _____												
Blank casing diameter <u>5</u> in. to <u>10.4</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>14</u> in., weight <u>200</u> lbs./ft. Wall thickness or guage No. <u>250</u>														
TYPE OF SCREEN OR PERFORATION MATERIAL:																
1 Steel		3 Stainless Steel	5 Fiberglass	7 PVC												
2 Brass		4 Galvanized Steel	6 Concrete tile	8 RMP (SR)												
				10 Asbestos-Cement												
				11 Other (Specify) _____												
				12 None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:																
1 Continuous slot		3 Mill slot	5 Guazed wrapped	8 Saw cut												
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes												
			7 Torch cut	10 Other (specify) _____												
				11 None (open hole)												
SCREEN-PERFORATED INTERVALS: From <u>8.4</u> ft. to <u>10.4</u> ft., From _____ ft. to _____ ft.																
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>10.4</u> ft., From _____ ft. to _____ ft.																
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																
Grout intervals: From <u>3</u> ft. to <u>24</u> 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												
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage												
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage												
				13 Insecticide storage												
				14 Abandoned water well												
				15 Oil well/Gas well												
				16 Other (specify below) _____												
Direction from well? <u>SOUTH</u>		WILL BE <u>APPROX</u>		How many feet? <u>100</u>												
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS											
0	2	DARK TOP SOIL	94	96	RED SHALE											
2	12	BROWN CLAY	96	104	GRAY SHALE											
12	43	LITE COLOR CLAY														
43	44	SOFT LITE COLOR LIMESTONE														
44	46	LITE GRAY CLAY														
46	50	LITE COLOR CLAY														
50	61	LITE COLOR SHALE & CLAY														
61	66	GRAY CLAY & SHALE & LITE COLOR MIXED														
66	72	LITE GRAY CLAY & RED MIXED CLAY														
72	74	LITE COLOR LIMESTONE														
74	82	GRAY CLAY														
82	85	RED CLAY														
85	88	GRAY CLAY														
88	94	GRAY SHALE & 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) <u>9</u> / <u>23</u> / <u>03</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>9</u> / <u>25</u> / <u>03</u> under the business name of <u>CENTRAL KANSAS DRILLING</u> by (signature) <u>Shirley D. 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.																