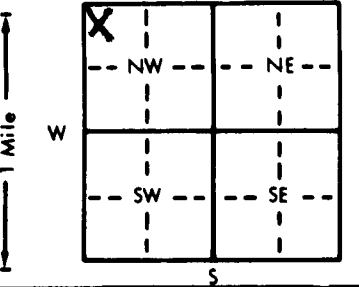


1 LOCATION OF WATER WELL: County: Dickinson Fraction: NW 1/4 NW 1/4 NW 1/4 Section Number: 23 Township Number: T 13 S Range Number: R 1 E

Distance and direction from nearest town or city street address of well if located within city?
4 miles East of Solomon, KS

2 WATER WELL OWNER: City of Abilene
 RR#, St. Address, Box #: c/o Cliff Gibbs Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Abilene, KS 67410 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
 4 DEPTH OF COMPLETED WELL: 92 ft. ELEVATION: 79.2 ft. below land surface measured on mo/day/yr 1-31-89
 Depth(s) Groundwater Encountered: 1.0 ft. 79.2 ft. Top of Casing ft. 3. ft.
 WELL'S STATIC WATER LEVEL: 79.2 ft. below land surface measured on mo/day/yr 1-31-89



Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 8 in. to 10.2 in. and _____ in. to _____ in.
 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 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X 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: 5 in. to 9.2 in. Dia. _____ in. to _____ in. Dia. _____ in. to _____ in.
 Casing height above land surface: 12 in., weight: 2.91 lbs./ft. Wall thickness or gauge No. 265

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) Cavity

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) Cavity
 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., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 25 ft. to 70 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 5 ft. to 25 ft., From 70 ft. to 92 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? North How many feet? 400

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top Soil			
2	38	Fine Sand			
38	62	Tan Clay			
62	88	Fine Sand			
88	90	Medium Sand			
90	91	Brown Shale			
91	92	Limestone			
92	96	Limestone			
96	99	Fractured Limestone Cavity			
99	102	Limestone			
		Open Cavity			

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) 1-31-89 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 3-4-89 under the business name of Peterson Irrigation, Inc. by (signature) Mike Peterson

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: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.