WATE	WATER WELL RECORD				Form WWC-5			Division of Water Resources; App. No.				
	LOCATION OF WATER WELL:			Fraction				Township N		Range Number		
Cour	County: Dickinson			SE ^{1/4} SE	1/4 NE 1/4	Clabal Pa		T 13 S		R 1 W E/W*		
	Distance and direction from nearest town or city street address of well located within city?						Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: EAST					
1		•	2361 P air	Rd Abiler	Longitude:							
2 WA	TER WEI	LL OWNER	B: Dennis	Willcoxon	ie, Ks	Elevation:						
	, St. Addre		: 2191 Fa:			Datum:						
City	, State, ZIF	P Code	: Abilene	, Ka a sas	67410	Data Col	lection N					
	3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL8.1											
1	CATION											
1	VITH AN "X" IN Depth(s) Groundwater Encountered (1)4.8 ft. (2) ft. (3)											
SEC	N Pump test data: Well water wasft. afterhours pumping											
	Est. Yield1.0gpm: Well water wasft. after hours pumping											
_N	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											
w												
'	2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											
SY	- SW SE Was a chemical/bacteriological sample submitted to Department? Yes No*; If yes, mo/day/yrs											
!	Sample was submitted											
S												
	E OF CAS	ING USED	5 Wrought	Iron 8	Concrete tile		CASINO	JOINTS: C		Clamped		
	Steel		6 Asbestos	s-Cement 9 (Other (specify	below)		V				
	2 PVC 4 ABS 7 Fiberglass Threaded											
Blank casing diameter												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)												
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:												
l Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)												
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)												
SCREEN-PERFORATED INTERVALS: From4.1 ft. to												
From												
GRAVEL PACK INTERVALS: From2.6												
6 GRO Grout Ir												
l			ossible contamina		n	π. το	It.	., From	• • • • • • • • • • • • • • • • • • • •	ft. toft.		
	Septic tank		4 Lateral lines		10 Livest	ock pens	13 Inse	ecticide Stora	ige !	16 Other (specify		
	Sewer line		5 Cess pool	8 Sewage lagoor		-		andoned wat		below)		
		sewer lines		9 Feedyard		zer Storage		well/gas we				
FROM	TO TO	1?N	ORTHEAST LITHOLOGI	WILLBE			pprox			DVALC		
0	5	DDOUN			FROM	1 TO		PLUGGI	NG INTE	RVALS		
5	48		& TAN CLA	¥ & SHALE M	TVDD							
48	50		COLOR LIME		IABD							
50	61			& MIXED S	HATE							
61	72		N CLAY			_						
72	80	LITE	GRAY CLAY	& MIXED SH	ALE							
80	81	HARD	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) 1./.26/.1.2 and this record is true to the best of my knowledge and belief.												
under m	y jurisdicti	on and was	completed on (mo	/day/year) 1./.26	/.1.2 and	this record	is true to	the best of	my know	ledge and belief.		
				3.9.7 This W		cord was co	ompleted	on (mo/day/y	/ear) .1./.	29/.12		
INSTRU	e dusiness	name of C	ENTRAL KAN	SAS DRILLI	NG b and PRINT clea	y (Signatur rly, Please fil	ll in blanks	underline or ci	rcle the cor	rect answers. Send top		
three copi	es to Kansas	Department of	Health and Environme	ent, Bureau of Water,	Geology Section	i, 1000 SW Jac	ckson St., S	uite 420, Topek	ta, Kansas 6	56612-1367. Telephone		
785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html .												
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