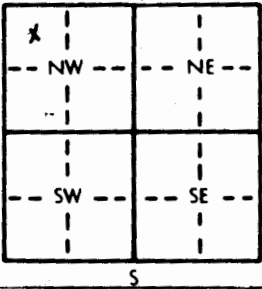


LOCATION OF WATER WELL: County: **DICKINSON** Fraction: **NE 1/4 NW 1/4 NW 1/4** Section Number: **16** Township Number: **T 13 S** Range Number: **R 2 EW**

Distance and direction from nearest town or city street address of well if located within city?
200 N. Mulberry, Abilene, Kansas

WATER WELL OWNER: **Transportation Center, USD 435**
 #, St. Address, Box #: **1101 N Mulberry** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Abilene, Kansas** Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: DEPTH OF COMPLETED WELL: **27** ft. ELEVATION: **21** ft.



Depth(s) Groundwater Encountered: **19.65** ft. 2. **114/91** ft. 3. **114/91** ft.
 WELL'S STATIC WATER LEVEL: **19.65** ft. below land surface measured on **11/4/91** mo/day/yr
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 Casing diameter: **2** in. to **17** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass **7 PVC** 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 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 **17** ft. to **27** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **15** ft. to **27** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

ROUT MATERIAL:
 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____
 Plugging Intervals: From **5** ft. to **15** 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 **11 Fuel storage** 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)
 Location from well? **NE** How many feet? **~200'**

DEPTH	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
8"		CL, VDK BR Topsoil			
19.65'		CL, VDK R BR ALLUVIUM			
27'		Sandy CL, VDR BR			
		LS, olive GR (Wellington)			

TRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was sealed on (mo/day/year) **12/19/90** and this record is true to the best of my knowledge and belief. Kansas Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **2/6/91** by business name of **GEO TECHNICAL SERVICES, INC.** by (signature) **Linda Unelace**

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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC. 1/4 1/4 1/4