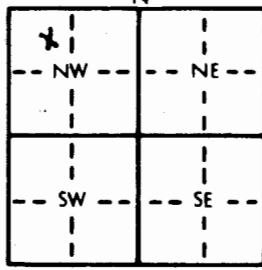


1 LOCATION OF WATER WELL: County: Dickinson Fraction: NE 1/4 NW 1/4 NW 1/4 Section Number: Sec 16 Township Number: T 13 S Range Number: R 2 E

Distance and direction from nearest town or city street address of well if located within city?  
1200 N. Mulberry Abilene, Kansas

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

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  DEPTH OF COMPLETED WELL: 26.5 ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1. ~~19.5~~ 20 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: ~~19.5~~ 19.53 ft. low land surface measured on 1/14/91 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: 8.5 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

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 7 Fiberglass 9 Other (specify below) Welded .....  
 Blank casing diameter 2 in. to 16 ft., Dia. .... in. to ..... ft., Dia. .... in. to ..... ft.  
 Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. Sch 40  
 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 16' ft. to 26'12" ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 14' ft. to 26'12" 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 .5 ft. to 14' 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)  
 Direction from well? NW How many feet? 120'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5	Concrete Paving			
.5	1	Fill Sand			
1	4.5	CLAY, BLACK (FILL)			
4.5	26.5	CLAY, DK GR BR (ALLUVIUM)			
26.5		LS, OLIVE GR (WELLINGTON)			

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) 12/19/1990 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 2/6/91 under the business name of GEOTECHNICAL SERVICES, INC. by (signature) Dorinda Wallace

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  
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SEC.  
1/4  
1/4  
1/4