	WATER WELL RECORD Form	WWC-5 KSA 82a	1010	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Dickinson	13E 1/5W 1/4 NE		т 13 s	R 2 E/1/9
	or city street address of well if located with	•	NW-4	a
700 W. Washington Abitene Ks				
2 WATER WELL OWNER: V*B Interim, Inc.				
	N. Washington		Board of Agriculture, I	Division of Water Resources
City, State, ZIP Code : Abile	ene Ks , 67410		Application Number:	
LOCATE WELL'S LOCATION WITH DEPTH OF COMPLETED WELL. 3.5 ft. ELEVATION:				
N Depth(s) Groundwater Encountered 1tt. 2				
WELL'S STATIC WATER LEVEL				
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. S in. to S in. to				
				Injection well
SW SE			9 Dewatering 12 0 Monitoring well	Other (Specify below)
	/as a chemical/bacteriological sample submi		•	
	nitted		er Well Disinfected? Yes	No No
5 TYPE OF BLANK CASING USED:		8 Concrete tile		d Clamped
1 Steel 3 RMP (SR)	•	9 Other (specify below		ed
PVC 4 ABS			•	aded
	. to			in. to ft.
Casing height above land surfacein., weight				
TYPE OF SCREEN OR PERFORATION	MATERIAL:	7 PVC	10 Asbestos-ceme	ent
1 Steel 3 Stainless s	teel 5 Fiberglass	8 RMP (SR)	11 Other (specify)	
2 Brass 4 Galvanized	steel 6 Concrete tile	9 ABS	12 None used (op	en hole)
SCREEN OR PERFORATION OPENING		apped	8 Saw cut	11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes				
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)				
SCREEN-PERFORATED INTERVALS: From				
From				
GRAVEL PACK INTERVALS:	From ft. to	ft., Fron		
6 GROUT MATERIAL: 1 Neat cer				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
What is the nearest source of possible co		10 Livest		bandoned water well
1 Septic tank 4 Lateral		11 Fuel s	•	il well/Gas well
2 Sewer lines 5 Cess po			•	
3 Watertight sewer lines 6 Seepag			icide storage	wher (specify below) plant facility
Direction from well?	$\mathcal{N}$	How mar		
FROM TO	LITHOLOGIC LOG	FROM TO	PLUGGING I	NTERVALS
0 16 SILTY	CIAU .			
16 TO FINE				
10 LINT	SILTYSAND			
		`		
				, , , , , , , , , , , , , , , , , , , ,
				WA AND AND AND AND AND AND AND AND AND AN
7 CONTRACTOR'S OR LANDOWNERIS CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was				
			rd is true to the best of my kn	owledge and belief. Kansas
Water Well Contractor's License No				5.JG. 2
under the business name of Layne	Western Co. Wich	hita by (signat	ure) My Q	B.Meier

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.