

(Copy)

1 LOCATION OF WATER WELL
 County: Dickinson Fraction SW 1/4 SE 1/4 NW 1/4 Section Number 19 Township Number T 13 S Range Number R 2E EW

Distance and direction from nearest town or city? 1/2 mi. W. Abilene Street address of well if located within city?

2 WATER WELL OWNER: City of Abilene Well #10
 RR#, St. Address, Box #: PO Box 519 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Abilene KS 67410 Application Number:

3 DEPTH OF COMPLETED WELL: 40.6 ft. Bore Hole Diameter: 18 in. to 40.6 ft., and . . . in. to . . . ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 17.2 ft. below land surface measured on Dec month 19 day 1980 year
 Pump Test Data: Well water was 26.2 ft. after 5.5 hours pumping. 457 gpm
 Est. Yield 450 gpm: Well water was . . . ft. after . . . hours pumping . . . gpm

4 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 dia: 14 in. to 34.6 ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.
 Casing height above land surface: 30 in., weight . . . lbs./ft. Wall thickness or gauge No. 0.375"
 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-Perforation Dia: 14 in. to 40.6 ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.
 Screen-Perforated Intervals: From 34.6 ft. to 40.6 ft., From . . . ft. to . . . ft.
 Gravel Pack Intervals: From 17 ft. to 40.6 ft., From . . . ft. to . . . ft.

5 GROUT MATERIAL:
 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ~~Water grout, peat, peat~~
 Grouted Intervals: From 20 ft. to 0 ft., From . . . ft. to . . . ft.
 What is the nearest source of possible contamination: Grout is between two casings
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: ND How many feet . . . ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes No . . . If yes, date sample
 was submitted: May month 5 day 1980 year Pump Installed? Yes No
 If Yes: Pump Manufacturer's name . . . Model No. . . HP . . . Volts . . .
 Depth of Pump Intake . . . ft. Pumps Capacity rated at . . . gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on Dec month 20 day 1980 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 126
 This Water Well Record was completed on Jan month 14 day 1980 year under the business name of Hydraulic Drilling Co by (signature) O.S. Junt

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<u>0</u>	<u>40.6</u>	<u>Existing 18" irrigation well re-cased + test pumped for completion by Abilene City after approval of Application by Dept of Health + Div of Water Resources</u>			

ELEVATION: Depth(s) Groundwater Encountered 1. 17.2 . . . ft. 2 . . . ft. 3 . . . ft. 4 . . . ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 13 R 2 GW 19 SEC 19 SW 1/4 SE 1/4 NW 1/4