

1 LOCATION OF WATER WELL  
 County: DICKINSON Fraction NW 1/4 NW 1/4 SE 1/4 Section Number 21 Township Number T 13 S Range Number R 20 EW  
 Distance and direction from nearest town or city? 5 SOUTH ABILENE Street address of well if located within city?

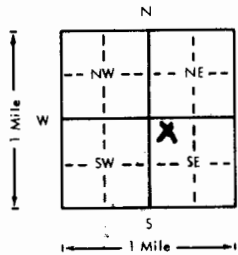
2 WATER WELL OWNER: GEORGE LAMBERT  
 RR#, St. Address, Box #: WAKEFIELD, KANSAS 67489 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: WAKEFIELD, KANSAS 67489 Application Number:

3 DEPTH OF COMPLETED WELL: 54 ft. Bore Hole Diameter: 8 in. to 54 ft., and ..... in. to ..... ft.  
 Well Water to be used as:  
 Domestic  3 Feedlot  6 Oil field water supply  8 Air conditioning  11 Injection well  
 2 Irrigation  4 Industrial  7 Lawn and garden only  9 Dewatering  12 Other (Specify below)  
 10 Observation well  
 Well's static water level: 15 ft. below land surface measured on 4 month 14 day 1981 year  
 Pump Test Data: Well water was NA ft. after ..... hours pumping ..... gpm  
 Est. Yield 60+ gpm: Well water was NA ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR)  6 Asbestos-Cement  8 Concrete tile  9 Other (specify below) Casing Joints: Glued  Clamped .....  
 2 PVC  4 ABS  7 Fiberglass ..... Welded .....  
 Blank casing dia: 5 in. to 34 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 12 in., weight ..... lbs./ft. Wall thickness or gauge No. 258  
 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-Perforation Dia: 5 in. to 54 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From 34 ft. to 54 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 10 ft. to 54 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other .....  
 Grouted Intervals: From 0 ft. to 10 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 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  13 Watertight sewer lines  16 Other (specify below)  
 Direction from well: NORTH How many feet: 50 ? Water Well Disinfected? Yes  No  
 Was a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample was submitted ..... month ..... day ..... 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  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 4 month 14 day 1981 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 359  
 This Water Well Record was completed on 4 month 18 day 1981 year under the business name of DARYL COX + SONS INC by (signature) Daryl Cox

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM		TO		LITHOLOGIC LOG
		<u>0</u>	<u>3</u>	<u>3</u>	<u>9</u>	<u>TOPSOIL</u>				
	<u>3</u>	<u>9</u>	<u>9</u>	<u>18</u>	<u>BROWN CLAY</u>					
	<u>9</u>	<u>18</u>	<u>18</u>	<u>54</u>	<u>SANDY BROWN CLAY</u>					
	<u>18</u>	<u>54</u>	<u>54</u>		<u>GRAVEL STOP</u>					

ELEVATION: .....  
 Depth(s) Groundwater Encountered 1. .... 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  
EDW  
SEC  
21  
NW 1/4 NW 1/4 SE 1/4