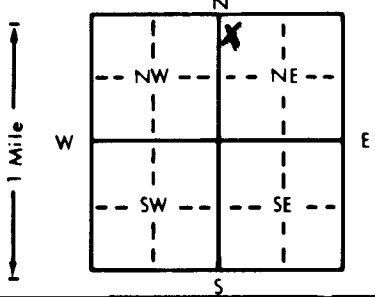


1 LOCATION OF WATER WELL: County: Dickinson	Fraction NW ¼ NW ¼ NE ¼	Section Number 21	Township Number T 13 S	Range Number R 2 <b>E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
 102 S Buckeye, Abilene, Ks. MW 6

2 WATER WELL OWNER: Mr. Clyde Howard  
 RR#, St. Address, Box #: 102 S Buckeye Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Abilene, Ks. 67410 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 35 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.  
 WELL'S STATIC WATER LEVEL 28.48 ft. below land surface measured on mo/day/yr 8-26-91  
 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: 7.5/8 in. to . . . . . 35 . . . . . ft., and . . . . . in. to . . . . . ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 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 **X** . . . . .; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes No **X**

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 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 7 Fiberglass Threaded **✓**  
 Blank casing diameter . . . . . 2 . . . . . in. to . . . . . 20 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface . . . . . 24 . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . . Schedule 40 . . . . .

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 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 . . . . . 20 . . . . . ft. to . . . . . 35 . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From . . . . . 17 . . . . . ft. to . . . . . 35 . . . . . 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 . . . . . 0 . . . . . ft. to . . . . . 1 (cement) ft., From . . . . . 1 . . . . . ft. to . . . . . 17 (bent) 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? W How many feet? 280

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Top soil, black			
4	12	Clay, dark brown, silty			
12	18	Silt, tan, clayey			
18	23	Clay, brown, silty			
23	33	Clay, greyish brown, silt			
33	35	Sand, yellow, fine			

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) . . . . . 8-22-91 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 527 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 8-29-91 . . . . . under the business name of **GeoCore Services, Inc.** by (signature) *Dale Abbott*

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.

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