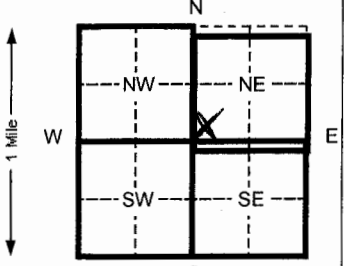


1 LOCATION OF WATER WELL: County: **Dickenson** Fraction: **SW 1/4 SW 1/4 NE 1/4** Section Number: **9** Township Number: **T 13 S** Range Number: **R 2 E**

Distance and direction from nearest town or city street address of well if located within city?
2205 N. Buckeye, Abilene, Kansas

2 WATER WELL OWNER: **I-70 Texaco (closed) Swinney c/o M. Guilfoyle**
 RR#, St. Address, Box #: **2205 N. Buckeye** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Abilene, Ks 66502** Application Number:

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

 4 DEPTH OF COMPLETED WELL: **45.5** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **34.7** ft. below land surface measured on mo/day/yr **02/16/05**
 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: **8.625** in. to **45.5** Ft. and _____ in. to _____ Ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feed lot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 9 Dewatering 12 Other (Specify below)
 10 **Monitoring well MW-2**
 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 **X**
 Blank casing diameter **2** in. to **25.5** Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **FLUSH** in., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 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-PERFORATED INTERVALS: From **25.5** ft. to **45.5** ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **23.5** ft. to **45.5** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 Other _____
 Grout Intervals From 3 **0** ft. to **21.5** Ft. From 2 **21.5** to **23.5** 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 15 Oil well/ Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 **Other (specify below)**
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **Contaminated Site**
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Gravel			
1	2		Sand, fill sand			
2	8		Silt and clay, dark brown			
8	13		Clayey Silt			
13	32		Silty Sand (SM)			
32	36		Sandstone			
36	37		Limestone			
37	45.5		Shale			
45.5	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Completed on (mo/day/yr) **02/07/05** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **03/07/05** under the business name of **Associated Environmental, Inc.** By (signature) **Darin R Duncan**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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

SEC