

ABMW 4

1 LOCATION OF WATER WELL: County: DICKINSON Fraction: NE 1/4 NW 1/4 NW 1/4 Section Number: 21 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? 5 Mulberry St. AND SW 2nd St; ABILENE, KS

2 WATER WELL OWNER: KS GAS SERVICE  
RR#, St. Address, Box #: 340 E. 1st St  
City, State, ZIP Code: TOPEKA, KS 66601  
Board of Agriculture, Division of Water Resources  
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram of a 36-acre section box with 'X' in the NE corner]

4 DEPTH OF COMPLETED WELL: 40 ft. ELEVATION: 1149.91  
Depth(s) Groundwater Encountered 1. 20.16 ft. 2. 20.04 ft. 3. 8/24/05 ft.  
WELL'S STATIC WATER LEVEL: 20.16 ft. below land surface measured on mo/day/yr  
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 in. to 40 in. to \_\_\_\_\_ in. to \_\_\_\_\_ 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 \_\_\_\_\_; If yes, mo/day/yr sample was submitted \_\_\_\_\_  
Water Well Disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_\_  
Blank casing diameter: 2 in. to 30 ft. Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
Casing height above land surface: \_\_\_\_\_ 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)    10 Asbestos-cement  
2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) \_\_\_\_\_  
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  
3 \_\_\_\_\_    7 Torch cut    10 Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From 40 ft. to 30 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
GRAVEL PACK INTERVALS: From 40 ft. to 28 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 28 ft. to 1 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
1 Septic tank    4 Lateral lines    7 Pit privy    10 Livestock pens    14 Abandoned water well  
2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    15 Oil well/Gas well  
3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below)  
FORMER MGP  
Direction from well? \_\_\_\_\_ How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.4	Gravel			
0.4	8.4	Clay silt - damp			
8.4	12.4	Clay - damp			
12.4	19	Clayey silt - moist			
19	25	Clay - damp			
25	28.8	Clayey silt - wet			
28.8	34	Clay - wet			
34	39.4	Clayey silt - wet			
39.4	40	Sand & wet			

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) 7-19-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 529 This Water Well Record was completed on (mo/day/yr) \_\_\_\_\_ by (signature) [Signature] under the business name of Creditechnology, INC

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS EARLY 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

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SEC.

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