		RECORD						urces: App. No.		
1 LOCA County:	TION OF V	WATER WELL: ekinson	Fraction NW 1/4	SW ½	SE ¼	ection Nu 16	ımber	Township Numbe T 13 S	Range Number R 2 E	
County: Dickinson NW 1/4 SW 1/4 SE 1/4 16 T 13 S R 2 E Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits)										
located within city? 425 N. Buckeye Latitude: N 38.91886°										
Abilene, KS 2 WATER WELL OWNER: John W. Dunlap Elevation: W 97.21336° Elevation: Pin: 1153.03 TOC: 1152.07										
				Elevation: Pin: 1153.03 TOC: 1152.07						
RR#, St. Address. Box # : 425 N. Buckeye City, State, ZIP Code : Abilene. KS						Datum: above mean sea level Data Collection Method: legal survey				
City, S	tate, ZIP Co	de : Abilen	e. KS			ata Cone	ection iv		<u>Y</u>	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 25 ft.										
LOCA						MW8		0		
	I AN "X" IN	Depth(s) Grou	ndwater Enc	ountered l			_ft. 2 _	ft. :	3 ft. /day/yr 2/1/08	
SECT	ION BOX:	WELL'S STA	TIC WATEF	RLEVEL	16.03 ft.	below lai	nd surfa	ce measured on mo	/day/yr 2/1/08	
X N Pump test data: Well water was ft. after hours pumping gp Est. Yield gpm: Well water was ft. after hours pumping gp										
Est. Yield gpm: Well water was ft. after hours pumping gpm										
⊢ NN	/ NE	WELL WATE	R TO BE US	SED AS: 5	Public wate	er supply	8 Air	r conditioning 11	Injection well	
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below									ther (Specify below)	
E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well										
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs										
S Sample was submitted Water Well Disinfected? Yes No X										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded										
$\frac{1}{2}$ Ste	eel 3	$6 \text{ RMP (SR)} \qquad 6$	Asbestos-C	ement 9	Other (sp	ecify be	low)	Wel	ded	
(2) PVC 4 ABS 7 Fiberglass Threaded X										
Blank casing diameter 2 in. to 10 ft., Dia in. to ft., Dia in. to ft.										
PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 10 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.96 ft., Weight Ibs./ft. Wall thickness or gauge No.										
TYPE OF	SCREEN C	R PERFORATIO	N MATERIA	Ψ:						
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)										
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)										
SCREEN-PERFORATED INTERVALS: From 10 ft. to 25 ft. From ft. to ft.										
SCREEN-	-PERFORA	I ED IN I EKVALS	rroin	10	. 11. 10	_45	- H. FIG	om	. to 1t.	
65			From		π. το		- n. Fr	om	. to ft.	
GR	AVEL PAC	K INTERVALS:	From		. tt. to	25	π. Fre	om π	. to ft.	
			From		ft. to		tt. Fre	om tt	. to π.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other concrete, 0-2 ft Grout Intervals From 2 ft. to 9 ft. From ft. to ft. From ft. to ft.										
Grout Intervals From 2 ft. to 9 ft. From ft. to ft. From ft. to ft.										
What is the nearest source of possible contamination:										
	tic tank		ines 7 Pit pr		0 Livestoc	k pens	13 Inse	ecticide Storage	16 Other (specify	
	ver lines	5 Cess poo		ge lagoon (1				andoned water well		
3 Wat	tertight sewe	er lines 6 Seepage					15 Oil	well/ gas well	,	
		Northwest			low many			C		
FROM	TO	LITHO	LOGIC LO		FROM	TO	1	LITHOLOG	ICLOG	
0		Asphalt	LOGIC LOC		15	20	Sandy	with clay, fine to m		
3		Aspnait Clay with sand, da	rk brown iro	n staining	13	20	brown	with clay, fine to in	caram gramea,	
		moist, no odor	ik bibwii, ift	n stanning	20	25		with clay, fine to m	edium grained	
8		Sand, medium grai	ned, brown	moderately	20		brown			
		sorted, slightly mo					0.07711			
-13		Sandy with clay, fi								
		brown								
							Flushr	nount waiver fron	BOW	
TONTRACTOR'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) Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 2/19/08										
under my j	urisdiction an	d was completed on	(mo/day/year)	2/1/08		and this	record is	s true to the best of m	y knowledge and belief	
							complete	d on (mo/day//ear)_	2/19/08	
		of Larsen & Ass			by (signatu			- KP		
INSTRUCT	TIONS: Please	fill in blanks or circle t	he correct answ	ers. Send top t	hree copies to	Kansas De	partment	of Health and Environn	nent. Bureau of Water.	
Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WAYER WELL OWNER and retain one for										
your records Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										