WATER WELL REC	CORD	Form WV	VC-5	Divis	ion of Wat	ter Resoui	rces; App. No.		
1 LOCATION OF WAT	ER WELL: Fr	action	1/ 51	Se	ection Nu	mber	Township Numb	er Ra	inge Number
Distance and direction from	nearest town or	city street addr	ess of we	ell if Glo	obal Posi	itioning S	System (decimal	degrees.	min. of 4 digits)
1 LOCATION OF WATER WELL: Fraction Sw ½ NW ½ SE ½ 16 T 13 S R 2 E									
Abilene, KS Longitude: W 97.21383° 2 WATER WELL OWNER: John W. Dunlap Elevation: Pin: 1153.04 TOC: 1152.71									
2 WATER WELL OWN	ER: John W. I	Dunlap				Pin: 11	153.04 TOC: 11	52.71	
RR#, St. Address, Box #	: 425 N. Bu	скеуе		1 —	atum:		mean sea level		
City, State, ZIP Code : Abilene, KS Data Collection Method: legal survey 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 22 ft.									
LOCATE WELLS	DEI III OF C	OWIL LETED	** 121111 _		MW9		16		
	Depth(s) Groundw	ater Encounter	ed 1			ft 2	A	3	A
SECTION BOX:	VELL'S STATIC	WATERIEV	TEI 15	05 ft	helow lan	nd surface	e measured on m	no/day/y	r 12/10/08
	Pump te								
	Est. Yield	onm: Well	water wa		ft. 6	ancı after	hours pu	mning _	gpm
	VEII WATER T	O RE USED A	S. 5 Pu	hlic wate	er sunniv	8 Air	conditioning 11	Injecti	ion well
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
W E Domestic 3 Feed for 6 On field water supply 9 Dewatering 12 Other (specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (0)Monitoring well									
sw se 2 in igation 4 industrial 7 Domestic (lawn & garden) (to) Monitoring wen									
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs									
S S	ample was subm	itted	umpic su	ommo	V.	Vater We	Il Disinfected?	Yes	No X
	TED 5 TI	1. 7		<u> </u>		CACD	IC IODITO. CL		<u>Classical</u>
5 TYPE OF CASING US	SED: 5 W	rought Iron	8	Concrete	tile	CASIN	IG JOINTS: GI	ied	Clamped
1 Steel 3 RM	P(SR) 6 As	bestos-Cement	9	Other (sp	pecify bel	low)	We	eided	
(2) PVC 4 AB	S / Fil	pergiass	-				1n	readed _	X
Blank casing diameter	2 in. to	12 n., Dia		ⁱⁿ	. to	n., 1	Jia	in. to	π.
2) PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 12 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.33 ft., Weight lbs./ft. Wall thickness or gauge No.									
11 Ct of Screen Or Ferroration Materials.									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
CODEEN OF DEDEOD ATION OPENINGS ARE.									
1 Continuous slot 5 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 12 ft. to 22 ft. From ft. to ft.									
2 Louvered shutter *Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)									
SCREEN-PERFORATED	NTERVALS:	From 12	2 fi	t. to	22	ft. From	n	ft. to	ft.
	j	rrom	n	t. to		n. From	n ;	π. το	II.
GRAVEL PACK IN	TERVALS:	From 10	<u>0</u> fi	t. to	_22	ft. From	n	it. to	tt.
]	From	fi	t. to		ft. From	n	ft. to	tt.
6 GROUT MATERIAL	1 Neat cemen	t 2 Cement g	rout (3 Benton	ite (4	Other c	concrete, 0-2 ft		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other concrete, 0-2 ft Grout Intervals From 2 ft. to 10 ft. From ft. to ft. From ft. to ft.									
What is the nearest source of possible contamination:									
1 Septic tank	4 Lateral lines						ticide Storage		Other (specify
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below)									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well									
Direction from well? SW How many feet? ~140 ft									
FROM TO	LITHOLO	GIC LOG		FROM	TO		LITHOLOG	GIC LO	<u> </u>
0 4 Grass	, topsoil, Silty cla	ay, brown, mod	lerate						
	ticity, moist								
	clay, brown, stiff								
	// clay, brown, mo								
	/ clay and fine gr	ainea sana, bro	own,						
13 22 Sand	fine to medium	grained brown	some						
	, moist	granica, brown	, some						
5.05	, 1110100					Flushmo	ount waiver fro	m BOW	7
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) Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 1/15/09									
						mpleted	on (mo/day/year)_	1/15/0	<u> </u>
under the business name of _I				y (signatu			ettiniki I E		
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell									

White