		RECORD			D	ivision of Wat	ter Reso	urces: App. No.		
1 LOCA	TION OF Di	WATER WELL: ckinson	Fraction SE 1/4	SE 4 S	W 54	Section Nu	mber	Township Number	Range Number R 2 E grees. min. of 4 digits)	
Distance a located wi	nd direction thin city? I	from nearest town 4 th & Buckeye, Abi	or city street a lene, KS	address of w	ell if					
2 11/4 201	OWNED C			Latitude: N 38.92992° Longitude: W 97.21467° Elevation: RIM: 1196.84; TOC: 1196.58						
		OWNER: Green's Box#: PO Box		er c/o Craig l	Dodd	Elevation:	KIM:	1196.84; TUC: 119	0.38	
								lethod: legal survey	,	
City, State, ZIP Code : Abilene, KS 67410 Data Collection Method: legal survey 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 15 ft										
LOCA	TON					MW12				
WITH	AN "X" II	N Depth(s) Grour	ndwater Encou	ntered l			ft. 2	ft. 3	ft.	
SECT	WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. SECTION BOX: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. 3 ft. SECTION BOX: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. 3 ft. SECTION BOX:									
N Pump test data: Well water was ft. after hours pumping gpm										
Est. Yield gpm: Well water was ft. after hours pumping gpm										
NW—NE— WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										
W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 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										
1		IC LICED: 5	Wrought Iron	0	Cono	mata tila	CASI	NG IODITS: Clus	d Claman d	
5 TYPE	OF CASIN	O DMD (SD)	Ashastas Can	nont 0	Other	rete tile	CASI	NO JOINTS: Glued	d Clamped	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded										
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 5 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.26 ft., Weight Ibs./ft. Wall thickness or gauge No.										
Casing height below land surface 0.26 ft Weight lbc /ft Wall thickness or gauge No.										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
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)										
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 slat (DMill slat 5 Course symptomed 7 Toron out 0 Drilled helps 11 Name (ones help)										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 5 ft. to 15 ft. From ft. to ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 3 ft. to 15 ft. From ft. to ft.										
SCREEN-	PERFORA	TED INTERVALS:	From	5 1	ft. to	15	ft. Fro	om ft.	to ft.	
From ft. to ft. From ft. to									to ft.	
GR	GRAVEL PACK INTERVALS: From 3 ft. to 15 ft. From ft. to From ft. to ft. From ft. to								to n.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-2ft Grout Intervals From 2 ft. to 3 ft. From ft. to ft. From ft. to ft.										
Grout Intervals From 2 ft. to 3 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 13 Insecticide Storage 16 Other (specify										
	er lines	5 Cess pool						ndoned water well	below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well										
Direction	from well?	NE		Но	w ma	ny feet? ~10	0 ft			
FROM	TO	LITHO	LOGIC LOG		FRO	м то		PLUGGING INT	ERVALS	
0		Grass, topsoil; brown s		asticity						
1		Red brown, silty clay a								
9		Red brown medium to	coarse sand, som	e fine gravel	-					
15		Limestone							- W - W - W - W - W - W - W - W - W - W	
					 					
							Fluck		DOW	
							riusnm	ount waiver from	BOM	
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) 12/9/09 and this record is true to the best of my knowledge and belief. This Water Well Record was completed on (mo/day/year) 12/31/09										
Kansas Wa	ter Well Con	tractor's License No.	757	. This Water	r Well	Record was co	mpleted	on (mo/day/year)1	2/31/09	
under the b	usiness name	of Larsen & Asse	ociates, Inc.	b	y (sign	nature)		Tio Teren		
INSTRUCT	under the business name of Larsen & Associates, Inc. by (signature) 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.										