

1 LOCATION OF WATER WELL: County: <u>Dickinson</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>28</u>	Township Number <u>T 13 S</u>	Range Number <u>R 3 E</u>
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Distance and direction from nearest town or city street address of well if located within city?  
1 mile South of Enterprise, Ks on Hwy 43 & 1/2 mile East on North side

2 WATER WELL OWNER: Bill Ash  
 RR#, St. Address, Box # : Rt 1, Box 78-A Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Enterprise, Kansas 67441 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL..... <u>115</u> ..... ft. ELEVATION: .....
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Depth(s) Groundwater Encountered 1. .... 100..... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL ... 87..... ft. below land surface measured on mo/day/yr 2 / 2 / 91

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield ... 15... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter... 9..... in. to ..... 115..... ft., and ..... 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)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued * Clamped
2 PVC	4 ABS	7 Fiberglass		Welded
				Threaded

Blank casing diameter ..... 5..... in. to ..... 115..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... 14..... in., weight ..... 160..... lbs./ft. Wall thickness or gauge No. .... 214

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)
				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 ..... 88..... ft. to ..... 115..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... 23..... ft. to ..... 115..... 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 ... 3..... ft. to ..... 23..... 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)
			13 Insecticide storage	

Direction from well? NORTH How many feet? 127

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	BROWN CLAY	105	110	LITE COLOR SHALE
1	10	LITE COLOR CLAY SHALE	110	115	GRAY SHALE
10	14	LITE COLOR LIMESTONE			
14	23	LITE COLOR SHALE			
23	29	LIMESTONE			
29	32	LITE COLOR SHALE			
32	41	LITE GRAY CLAY & SHALE			
41	46	LIMESTONE LITE COLOR			
46	49	LITE GRAY SHALE			
49	63	RED SHALE			
63	70	LITE COLOR SHALE			
70	88	LITE COLOR LIMESTONE			
88	100	LITE COLOR SHALE			
100	104	LITE COLOR LIMESTONE			
104	105	FLINT ROCK HARD DARK COLOR			

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) 2 / 2 / 91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 397..... This Water Well Record was completed on (mo/day/yr) 2 / 26 / 91 under the business name of CENTRAL KANSAS DRILLING by (signature) Arnold D. Martin

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY 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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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