

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Dickinson</u>		<u>Ne 1/4 Ne 1/4 Ne 1/4</u>	<u>1</u>	T <u>45</u> S	R <u>23</u> E
Distance and direction from nearest town or city? <u>Abilene</u>			Street address of well if located within city?		

2 WATER WELL OWNER: <u>Dwight Hoffman</u>		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>507 SE 6th St.</u>		Application Number:
City, State, ZIP Code: <u>Abilene KS 67410</u>		

3 DEPTH OF COMPLETED WELL: <u>20</u> ft. Bore Hole Diameter: <u>15</u> in. to <u>7</u> in. to <u>20</u> ft.	
Well Water to be used as:	
1 <u>Domestic</u> 3 Feedlot	5 Public water supply 8 Air conditioning 11 Injection well
2 Irrigation 4 Industrial	6 Oil field water supply 9 Dewatering 12 Other (Specify below)
7 Lawn and garden only 10 Observation well	
Well's static water level: <u>5-2</u> ft. below land surface measured on <u>2-6</u> month <u>25</u> day <u>20</u> year	
Pump Test Data: Well water was _____ ft. after _____ hours pumping. _____ gpm	
Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping. _____ gpm	

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued <u>X</u> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 <u>PVC</u>	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia <u>5</u> in. to <u>6.0</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface: <u>15</u> ft. in., weight <u>Class 160</u> lbs./ft. Wall thickness or gauge No. <u>Class 160</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	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-Perforation Dia: <u>5</u> in. to <u>20</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				
Screen-Perforated Intervals: From <u>6.0</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
Gravel Pack Intervals: From <u>15</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				

5 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grouted Intervals: From <u>4</u> ft. to <u>14</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Fuel storage 14 Abandoned water well			
1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	15 Oil well/Gas well	
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	16 Other (specify below)	
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines		
Direction from well: <u>NW</u> How many feet: <u>150</u> ? Water Well Disinfected? Yes <u>X</u> No _____					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>X</u>					
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____					
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.					
Type of pump:		1 Submersible	2 Turbine	3 Jet	4 Centrifugal
		5 Reciprocating	6 Other		

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>6</u> month <u>25</u> day <u>20</u> year.					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1200</u>					
This Water Well Record was completed on <u>7</u> month <u>1</u> day <u>20</u> year under the business name of <u>Backhus Drilling</u> by (signature) <u>Paul Backhus</u>					

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	2	Top Soil			
	2	34	Yellow Clay			
	24	36	lime			
	36	52	Red Shale			
	52	62	Yellow Shale			
	62	70	Water			
	70	20	Shale			

1 Mile

ELEVATION:

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.