

| | | | | |
|---------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Dickinson | SE 1/4 SE 1/4 NE 1/4 | 9 | T 14 S | R 2 E |

Distance and direction from nearest town or city street address of well if located within city?
1/4 miles South of Abilene, Ka on Hwy 15 & 1 mile East & 1/2 mile South

2 WATER WELL OWNER: **Steve Lang**
 RR#, St. Address, Box #: **Rt 3**
 City, State, ZIP Code: **Abilene, Kansas 67410**
 Board of Agriculture, Division of Water Resources
 Application Number:

| | |
|--|---|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL: 41 ft. ELEVATION: |
|--|---|

Depth(s) Groundwater Encountered 1. **34** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **24** ft. below land surface measured on **4 / 15 / 92**

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

Est. Yield **30*** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **9** in. to **41** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

| | | | | |
|--------------|--------------|--------------------------|--------------------|--------------------------|
| 1 Domestic | 3 Feedlot | 6 Oil field water supply | 9 Dewatering | 11 Injection well |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only | 10 Monitoring well | 12 Other (Specify below) |

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) | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued * Clamped _____ |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ |
| | | 7 Fiberglass | | Threaded _____ |

Blank casing diameter **5** in. to **41** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **13** 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 <u>Saw cut</u> | 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 **34** ft. to **41** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **24** ft. to **41** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From **4** ft. to **24** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

| | | | | |
|--------------------------|-----------------|-----------------|------------------------|--------------------------|
| 1 <u>Septic tank</u> | 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 WILL BE** How many feet? **90**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|------------------------|------|----|--------------------|
| 0 | 1 | DARK TOP SOIL | | | |
| 1 | 4 | TAN COLOR ROCK | | | |
| 4 | 20 | LITE COLOR SHALEY CLAY | | | |
| 20 | 22 | RED & GRAY CLAY | | | |
| 22 | 34 | LITE COLOR SHALEY CLAY | | | |
| 34 | 35 | GRAVEL LITE COLOR | | | |
| 35 | 38 | LITE COLOR LIMESTONE | | | |
| 38 | 39 | TAN LIMESTONE | | | |
| 39 | 41 | GRAY LIMESTONE | | | |

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) **4 / 15 / 92** 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) **4 / 27 / 92** under the business name of **CENTRAL KANSAS DRILLING** by (signature) *Harold 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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.