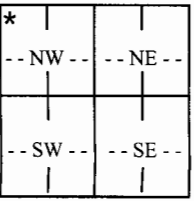


WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Dickinson</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>1</u>	Township Number <u>T 14 S</u>	Range Number <u>R 2 E/W*</u>
Distance and direction from nearest town or city street address of well if located within city? Well located <u>N</u> at <u>1208-1900 Ave</u> <u>Abilene, Kansas</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Jonathan Ottensmeier</u> RR#, St. Address, Box # : <u>1208 - 1900 Ave</u> City, State, ZIP Code : <u>Abilene, Kansas 67410</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S	4 DEPTH OF COMPLETED WELL <u>99</u> ft. Depth(s) Groundwater Encountered (1)..... <u>6.3</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>59</u> ft. below land surface measured on mo/day/yr <u>4/6/10</u> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield..... <u>1.4+</u> gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <u>1</u> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <u>*.....</u> ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>*.....</u> No
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5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued.....*... Clamped.....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
2 PVC 4 ABS 7 Fiberglass Threaded.....

Blank casing diameter5..... in. to9.9..... ft., Diameter. in. to ft., Diameter in. to ft.
Casing height above land surface.....15..... in., Weight20.0.....lbs./ft. Wall thickness or guage No. 2.50.....

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)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed 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.....59..... ft. to99..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From.....25..... ft. to99..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

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

Grout Intervals: From0..... ft. to2.5..... 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
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 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? ...NORTH..... WILL BE..... How many feet? ...100+.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	* PLUGGING INTERVALS *
0	6	DARK CLAY	70	74	LIMESTONE
6	27	LITE COLOR CLAY & SHALE	74	76	LITE COLOR CLAY
27	30	LITE COLOR LIMESTONE	76	78	HARD LIMESTONE
30	34	LITE COLOR CLAY & SHALE	78	94	GRAY SHALE
34	50	MAROON CLAY & SHALE	94	99	MAROON SHALE
50	54	GRAY & MAROON SHALE MIXED			
54	60	GRAY SHALE			
60	62	LITE COLOR SHALE			
62	63	LIMESTONE			
63	70	LITE COLOR CLAY			

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) 4/6/10..... 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/year) 4/13/10..... under the business name of CENTRAL KANSAS DRILLING by (signature) Harold D. Minton

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, 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/index.html>.