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|---------------------------|-----------------------------|----------------|-----------------|-----------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: <u>Dickinson</u> | <u>NE 1/4 NE 1/4 NW 1/4</u> | <u>4</u> | <u>T 14 S</u> | <u>R 2 E/W*</u> |

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

2 WATER WELL OWNER: Jeff Humphreys
 RR#, St. Address, Box # : 408 NE 4th Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Abilene, Kansas 67410 Application Number:

| | |
|--|--|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL: <u>88</u> ft. ELEVATION: |
| | Depth(s) Groundwater Encountered 1. <u>48</u> ft. 2. _____ ft. 3. _____ ft. |
| | WELL'S STATIC WATER LEVEL <u>41</u> ft. below land surface measured on <u>mo/day/yr 10 / 25 / 94</u> |
| | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm |
| | Est. Yield <u>2.0+</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm |
| Bore Hole Diameter: <u>9</u> in. to <u>88</u> ft., and _____ in. to _____ ft. | |
| WELL WATER TO BE USED AS: | |
| <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) | |
| <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 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 _____ | |

5 TYPE OF BLANK CASING USED:

| | | | | |
|----------------------------------|-------------------------------------|--|--|---|
| <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 9 Other (specify below) | CASING JOINTS: <input type="checkbox"/> Glued <u>*</u> <input type="checkbox"/> Clamped |
| <input type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 7 Fiberglass | | <input type="checkbox"/> Welded |
| | | | | <input type="checkbox"/> Threaded |

Blank casing diameter 5 in. to 88 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. 2.14

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|----------------------------------|---|--|-------------------------------------|---|
| <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 Stainless steel | <input type="checkbox"/> 5 Fiberglass | <input type="checkbox"/> 8 RMP (SR) | <input type="checkbox"/> 10 Asbestos-cement |
| <input type="checkbox"/> 2 Brass | <input type="checkbox"/> 4 Galvanized steel | <input type="checkbox"/> 6 Concrete tile | <input type="checkbox"/> 9 ABS | <input type="checkbox"/> 11 Other (specify) |
| | | | | <input type="checkbox"/> 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

| | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> 1 Continuous slot | <input type="checkbox"/> 3 Mill slot | <input type="checkbox"/> 5 Gauzed wrapped | <input type="checkbox"/> 8 Saw cut | <input type="checkbox"/> 11 None (open hole) |
| <input type="checkbox"/> 2 Louvered shutter | <input type="checkbox"/> 4 Key punched | <input type="checkbox"/> 6 Wire wrapped | <input type="checkbox"/> 9 Drilled holes | |
| | | <input type="checkbox"/> 7 Torch cut | <input type="checkbox"/> 10 Other (specify) | |

SCREEN-PERFORATED INTERVALS: From 48 ft. to 88 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 23 ft. to 88 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:

| | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 4 Lateral lines | <input type="checkbox"/> 7 Pit privy | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 14 Abandoned water well |
| <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 5 Cess pool | <input type="checkbox"/> 8 Sewage lagoon | <input type="checkbox"/> 11 Fuel storage | <input type="checkbox"/> 15 Oil well/Gas well |
| <input type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 9 Feedyard | <input type="checkbox"/> 12 Fertilizer storage | <input type="checkbox"/> 16 Other (specify below) |
| | | | <input type="checkbox"/> 13 Insecticide storage | |

Direction from well? SOUTH WILL BE APPROX How many feet? 100

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|-------------------------------|------|----|--------------------|
| 0 | 1 | DARK TOP SOIL | | | |
| 1 | 4 | BROWN CLAY | | | |
| 4 | 16 | LITE COLOR CLAY | | | |
| 16 | 17 | LITE COLOR LIMESTONE | | | |
| 17 | 45 | LITE COLOR SHALE & CLAY MIXED | | | |
| 45 | 48 | LITE COLOR LIMESTONE | | | |
| 48 | 56 | LITE COLOR CLAY & SHALE | | | |
| 56 | 57 | RED SHALE & CLAY | | | |
| 57 | 61 | LITE GRAY CLAY & SHALE | | | |
| 61 | 65 | LITE COLOR SHALE & CLAY | | | |
| 65 | 74 | LITE GRAY & RED CLAY & SHALE | | | |
| 74 | 81 | LITE COLOR SHALE & CLAY | | | |
| 81 | 83 | HARD GRAY LIMESTONE | | | |
| 83 | 86 | GRAY SHALE | | | |
| 86 | 88 | DARK HARD 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) 10 / 25 / 94 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) 10 / 31 / 94 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.

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