

1 LOCATION OF WATER WELL County: <u>Dickinson</u>	Fraction <u>NE 1/4 NE 1/4 SE 1/4</u>	Section Number <u>8</u>	Township Number <u>T 15 S</u>	Range Number <u>R 2 EW</u>
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Distance and direction from nearest town or city? 10 1/2 miles south of Abilene Street address of well if located within city?

2 WATER WELL OWNER: Mrs. William Reiff
RR#, St. Address, Box #: R. R. # 3
City, State, ZIP Code: Abilene, Kansas 67410
Board of Agriculture, Division of Water Resources
Application Number:

3 DEPTH OF COMPLETED WELL: 61 ft. Bore Hole Diameter: 9 in. to _____ ft., and _____ in. to _____ ft.
Well Water to be used as:
1 Domestic 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: 40 ft. below land surface measured on 4 month 15 day 1981 year
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield 20+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)
7 Fiberglass
Casing Joints: Glued Clamped Welded Threaded
Blank casing dia: 5 in. to 61 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface: 16 in., weight 12117 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 12 None used (open hole)
11 Other (specify) PVC
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: 5 in. to 61 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Screen-Perforated Intervals: From 41 ft. to 61 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
Gravel Pack Intervals: From 13 ft. to 61 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 3 ft. to 13 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
13 Watertight sewer lines
Direction from well: west How many feet 85? Water Well Disinfected? Yes No
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No
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 _____ month 15 day 1981 year 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 _____ month 30 day 1981 year under the business name of CENTRAL KANSAS DRILLING by (signature) Harold D. Martin

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	9	Clay mixed & honey comb rock			
	9	29	Yellow			
	29	31	Limestone			
	31	32	Yellow clay			
	32	39	Limestone			
	39	40	Yellow clay			
	40	45	Gray clay			
	45	46	Gray shale			
	46	54	Gray clay			
	54	61	Gypsum rock			

ELEVATION: _____
Depth(s) Groundwater Encountered 1. 54 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.

OFFICE USE ONLY
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SEC. 5
NE 1/4
SE 1/4