

|                        |  |                |                 |                  |
|------------------------|--|----------------|-----------------|------------------|
| LOCATION OF WATER WELL | Fraction   | Section Number | Township Number | Range Number     |
| County: <b>Kiowa</b>   | <b>C</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$ | <b>30</b>      | <b>T 27 S</b>   | <b>R 18W E/W</b> |

Distance and direction from nearest town or city? **2 W, 3 3/4 N of Greensburg, Kansas**

Street address of well if located within city?

WATER WELL OWNER: **Abercrombie Drilling**

RR#, St. Address, Box #: **801 Union Center**

City, State, ZIP Code: **Wichita, Kansas 67202**

Board of Agriculture, Division of Water Resources

Application Number: **Unknown**

DEPTH OF COMPLETED WELL: **135** ft. Bore Hole Diameter: **8** in. to **135** ft. and in. to ft.

Well Water to be used as:

|                        |                     |                                 |
|------------------------|---------------------|---------------------------------|
| 5 Public water supply  | 8 Air conditioning  | 11 Injection well               |
| 1 Domestic             | 3 Feedlot           | 6 <u>Oil field water supply</u> |
| 2 Irrigation           | 4 Industrial        | 9 Dewatering                    |
| 7 Lawn and garden only | 10 Observation well | 12 Other (Specify below)        |

Well's static water level: **50** ft. below land surface measured on **10** month **22** day **1980** year

Pump Test Data: Well water was ft. after hours pumping. gpm

Est. Yield **60** gpm: Well water was ft. after hours pumping. gpm

TYPE OF BLANK CASING USED:

|                |                 |                                     |
|----------------|-----------------|-------------------------------------|
| 5 Wrought iron | 8 Concrete tile | Casing Joints: <u>Glued</u> Clamped |
| 1 Steel        | 3 RMP (SR)      | 6 Asbestos-Cement                   |
| 2 PVC          | 4 ABS           | 7 Fiberglass                        |
|                |                 | 9 Other (specify below)             |
|                |                 | 10 Asbestos-cement                  |
|                |                 | 11 Other (specify)                  |
|                |                 | 12 None used (open hole)            |

Blank casing dia **5** in. to **115** ft. Dia in. to ft. Dia in. to ft.

Casing height above land surface: **12** in. weight **2.8** lbs./ft. Wall thickness or gauge No **Sch. 40**

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:

|                    |               |                     |
|--------------------|---------------|---------------------|
| 5 Gauzed wrapped   | 8 Saw cut     | 11 None (open hole) |
| 1 Continuous slot  | 3 Mill slot   | 6 Wire wrapped      |
| 2 Louvered shutter | 4 Key punched | 7 Torch cut         |
|                    |               | 10 Other (specify)  |

Screen-Perforation Dia: **5** in. to ft. Dia in. to ft. Dia in. to ft.

Screen-Perforated Intervals: From **115** ft. to **135** ft. From ft. to ft. From ft. to ft.

Gravel Pack Intervals: From **10** ft. to **135** ft. From ft. to ft. From ft. to ft.

GROUT MATERIAL:

|               |                |                    |         |
|---------------|----------------|--------------------|---------|
| 1 Neat cement | 2 Cement grout | 3 <u>Bentonite</u> | 4 Other |
|---------------|----------------|--------------------|---------|

Grouted Intervals: From **0** ft. to **10** 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 <u>Oil well/Gas well</u> |
| 3 Lateral lines | 6 Pit privy   | 9 Livestock pens | 12 Insecticide storage    | 16 Other (specify below)    |
|                 |               |                  | 13 Watertight sewer lines |                             |

Direction from well: **East** How many feet: **60** ? 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

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **10** month **22** day **1980** year.

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **186**

This Water Well Record was completed on **11** month **4** day **1980** year under the business name of **Kellys Water Well Service** by (signature) *Kelly Price*

| LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | FROM      | TO         | LITHOLOGIC LOG         | FROM | TO | LITHOLOGIC LOG |
|--|-----------|------------|------------------------|------|----|----------------|
|  | <b>0</b>  | <b>40</b>  | <b>Clay</b>            |      |    |                |
|  | <b>40</b> | <b>135</b> | <b>Sand and gravel</b> |      |    |                |

ELEVATION: **Unknown**

Depth(s) Groundwater Encountered **1, 50** 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.  
30  
C of NW 1/4 SW 1/4