

CATION OF WATER WELL: **KIOWA** Fraction: **NE 1/4 SW 1/4 SW 1/4** Section Number: **31** Township Number: **T 27 S** Range Number: **R 18 E/W**

Location and direction from nearest town or city? **1/2 mi N of Greensburg** Street address of well if located within city?
2 1/2 North 1 West 1/4 N

WATER WELL OWNER: **ABERCROMBIE DRIG.** Board of Agriculture, Division of Water Resources
 St. Address, Box #: **801 Union Center** Application Number:
 State, ZIP Code: **Wichita, KS 67202**

DEPTH OF COMPLETED WELL: **120** ft. Bore Hole Diameter: **10** in. to **120** ft., and . . . in. to . . . ft.
 Water to be used as:
 Domestic: **3** Feedlot **6** Oil field water supply
 Irrigation: **4** Industrial **7** Lawn and garden only **10** Observation well
 Static water level: **85** ft. below land surface measured on **10** month **17** day **81** year
 Test Data: Well water was . . . ft. after . . . hours pumping. . . gpm
 Field: **80** gpm: Well water was . . . ft. after . . . hours pumping. . . gpm

TYPE OF BLANK CASING USED:
2 PVC **4** ABS **5** Wrought iron **8** Concrete tile Casing Joints: Glued Clamped . . .
1 Steel **3** RMP (SR) **6** Asbestos-Cement **9** Other (specify below) Welded . . .
7 Fiberglass Threaded . . .
 casing dia . . . in. to . . . ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft.
 g height above land surface: **24** in. weight **2.37** 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)
 Type of 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 **120** ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft.
 Screen-Perforated Intervals: From **100** ft. to **120** ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.
 Screen-Pack Intervals: From **15** ft. to **120** ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.

ROUTING MATERIAL:
1 Neat cement **2** Cement grout **3** Bentonite **4** Other
 Sealed Intervals: From **0** ft. to **15** ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.
 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
 Location from well: **West** How many feet: **100'** ? Water Well Disinfected? Yes . . . No **NO**
 Has a chemical/bacteriological sample submitted to Department? Yes . . . No **NO** If yes, date sample submitted . . . month . . . day . . . year: Pump Installed? Yes . . . No **NO**
 Pump Manufacturer's name . . . Model No. . . . HP . . . Volts . . .
 Type 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
 dated on **10** month **17** day **81** year
 This record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **411**
 Water Well Record was completed on **10** month **31** day **81** year under the business
 of **Lehls Water Well Service** by (signature) **Ronald Lehls**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	90	SAND		
90		100	Water SAND (DRY)			
100		120	Heavy GRAVEL			
120			Red Bed			

RECEIVED
 SEP 28 1982
 DIVISION OF ENVIRONMENT
 OF

Wrong form

NOTATION: (s) Groundwater Encountered **1** / **100** ft. **2** . . . ft. **3** . . . ft. **4** . . . ft.
 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 to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and one for your records.

OFFICE USE ONLY