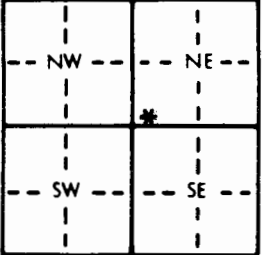


1 LOCATION OF WATER WELL: County: Dickinson Fraction: SE 1/4 SW 1/4 NE 1/4 Section Number: 9 Township Number: T 13 S Range Number: R 1 E/W

Distance and direction from nearest town or city street address of well if located within city?
2 miles East of Solomon, Ks & 1 1/2 North & 3/4 miles East.

2 WATER WELL OWNER: Dickinson RFD # 1
 RR#, St. Address, Box #: Rt 4
 City, State, ZIP Code: Abilene, Kansas 67410
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL: 65 ft. ~~test well~~
 Depth(s) Groundwater Encountered 1. 36 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on mo/day/yr 7 / 10 / 90
 Pump test data: Well water was 36' 6" ft. after 3 1/2 hours pumping 60 gpm
 Est. Yield 60 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to 65 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well test well
 5 Public water supply 8 Air conditioning 11 Injection well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No *; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes * No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued * Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 5 in. to 65 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 22 in., weight 200 lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot Z 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 36 ft. to 56 ft. .025 mesh 1/4 apart 4 rows _____ ft.
 From 56 ft. to 65 ft. 052 saw cut _____ ft. to 3 row 1" apart _____ ft.
 GRAVEL PACK INTERVALS: From 25 ft. to 48 ft. No. 8 fine _____ ft. to gravel pack _____ ft.
 From 48 ft. to 65 ft. 1/4 pea _____ ft. to gravel pack _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug
 Grout Intervals: From 3 ft. to 25 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage _____

Direction from well? SOUTHEAST How many feet? approx 3/8 mile

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	LITE GRAY CLAY			
6	7	FINE LITE COLOR SAND			
7	9	SANDY CLAY			
9	11	FINE LITE COLOR SAND			
11	13	CLAY LITE GRAY COLOR			
13	17	FINE SAND LITE COLOR			
17	22	Y ELLOW FINE SAND			
22	25	BROWN CLAY			
25	33	BROWN SANDY CLAY			
33	35	WHITE CLAY			
35	42 1/2	SAND			
42 1/2	43 1/2	LITE COLOR CLAY			
43 1/2	46	SAND			
46	60	1/2 LAYER LIMESTONE CLAY & TAN SHALE			
60	65	LITE COLOR SHALE			

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) 7 / 10 / 90 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) 9 / 18 / 99 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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.