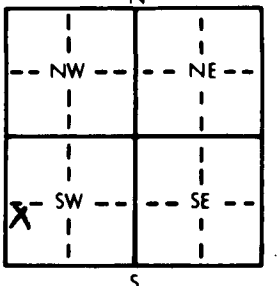


1 LOCATION OF WATER WELL: Fraction NW 1/4 SW 1/4 SW 1/4 Section Number 12 Township Number T 13 S Range Number R 1 **EW**  
 County: Dickinson

Distance and direction from nearest town or city street address of well if located within city?  
3 1/2 miles west of Abilene

2 WATER WELL OWNER: John Seastrom  
 RR#, St. Address, Box #: R. R. # 4 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: 75 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. 11.68 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL ... 35 ft. below land surface measured on mo/day/yr 3/19/82  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 30+ gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter: 9 in. to 7.5 in. to ..... in. to ..... in. to ..... ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 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 Observation well  
 Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X..; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 2 PVC 4 ABS 7 Fiberglass ..... Threaded .....  
 Blank casing diameter ..... 5 in. to 7.5 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: ..... 20 in., weight ..... 160# lbs./ft. Wall thickness or gauge No. 0.258  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement  
 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 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....  
 SCREEN-PERFORATED INTERVALS: From ..... 55 ft. to ..... 75 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... 14 ft. to ..... 75 ft., From ..... ft. to ..... 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 ..... 4 ft. to ..... 14 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? north How many feet? 1/4 mile

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Sandy clay			
3	14	Clay			
14	16	Fine sand			
16	24	Lite gray clay			
24	42	Yellow clay mixed with some limestone			
42	56	Red clay			
56	65	Yellow clay			
65	67	Blue clay			
67	68	Hard gypsum rock			
68	73	Soft gypsum			
73	74	Blue clay			
74	75	Hard dark 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) 3 / 20 / 82 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) 6 / 8 / 82 under the business name of CENTRAL KANSAS DRILLING by (signature) Harold O. 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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 SW  
 SEC 12  
 NW 1/4  
 SW 1/4  
 SW 1/4