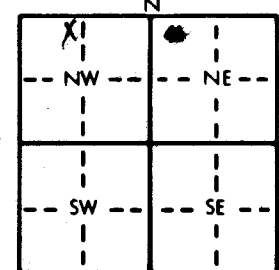


1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 NW 1/4 Section Number 16 Township Number T 13 S Range Number R 2 E
 County: Dickinson

Distance and direction from nearest town or city street address of well if located within city?
1 block south of Hwy. 15 & 40 Hwy. in Abilene & 1 1/2 blocks East at 213 NE 13th

2 WATER WELL OWNER: Lester Steffer
 RR#, St. Address, Box # : 213 NE 13th 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: 115 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 52 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 48 ft. below land surface measured on mo/day/yr 12 / 6 / 85
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 3 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to 115 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 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 *; 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 115 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 15 in., weight 160 lbs./ft. Wall thickness or gauge No. .214
 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 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-PERFORATED INTERVALS: From 45 ft. to 115 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 11 ft. to 115 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 1 ft. to 11 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? South How many feet? 80

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	DARK TOP SOIL	70	76	GRAY SHALE & CLAY
2	6	BROWN CLAY	76	84	DARK LIMESTONE & FLINT
6	13	SANDY CLAY	84	98	GRAY SHALE & CLAY
13	15	LIMESTONE	98	112	RED SHALE & CLAY
15	17	BLUE CLAY	112	115	DARK SHALE & GYPSUM
17	23	GRAY SHALE			
23	24	HARD LIMESTONE			
24	25	LITE COLOR SHALE			
25	26	LIMESTONE			
26	32	LITE COLOR SHALE			
32	45	RED CLAY & SHALE			
45	46	LIMESTONE			
46	49	LITE COLOR SHALE			
49	63	LIMESTONE			
63	70	DARK LIMESTONE			

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) 12 / 6 / 85 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) 3 / 20 / 86 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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