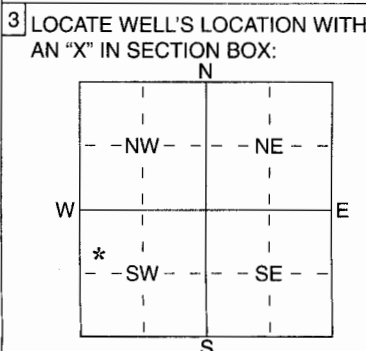


1 LOCATION OF WATER WELL: County: <u>Dickinson</u>	Fraction: <u>NW 1/4 NW 1/4 SW 1/4</u>	Section Number: <u>35</u>	Township Number: <u>T 12 S</u>	Range Number: <u>R 3 E</u>
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Distance and direction from nearest town or city street address of well if located within city?  
3 miles West of Chapman, Kson old Hwy 40 to Oat Rd go North to 2546 Oat Rd

2 WATER WELL OWNER: Gary Leister  
 RR#, St. Address, Box #: 2546 Oat Rd  
 City, State, ZIP Code: Abilene, Kansas 67410  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF COMPLETED WELL ..... 112 ..... ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1 ..... 5.8 ..... ft. 2 ..... ..... ft. 3 ..... ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 5.6 ..... ft. below land surface measured on mo/day/yr 7 / 11 / 06

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield ..... 10 ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

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 Domestic (lawn & garden) 10 Monitoring 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 ..... 1.12 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... 1.4 ..... in., weight ..... 200 ..... lbs./ft. Wall thickness or guage No. 250

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) .....	ft.

SCREEN-PERFORATED INTERVALS: From ..... 5.6 ..... ft. to ..... 1.12 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... 2.3 ..... ft. to ..... 1.12 ..... 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 ..... 3 ..... ft. to ..... 2.3 ..... 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 APPROX How many feet? 145

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS: *
0	7	DARK SANDY CLAY	103	112	DARK HARD LIMESTONE
7	9	LIMESTONE			
9	11	LITE COLOR SHALE & CLAY			
11	18	LITE GRAY SHALE & CLAY			
18	30	MAROON SHALE			
30	32	LIMESTONE			
32	33	LITE GRAY SHALE			
33	47	HARD LITE COLOR LIMESTONE			
47	58	LITE COLOR CLAY & SHALE			
58	61	HARD LIMESTONE			
61	72	LITE COLOR CLAY & SHALE			
72	92	MAROON SHALE			
92	98	LITE SHALE			
98	103	LIMESTONE & 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 / 11 / 06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 397 This Water Well Record was completed on (mo/day/yr) 7 / 14 / 06 under the business name of CENTRAL KANSAS DRILLING by (signature) [Signature]

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.