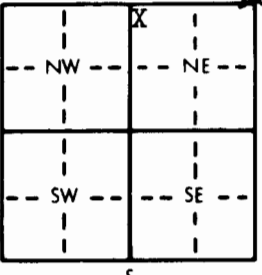


1 LOCATION OF WATER WELL: County: <u>Seward</u>		Fraction <u>NW</u> <u>1/4</u> <u>NW</u> <u>1/4</u> <u>NE</u> <u>1/4</u>	Section Number <u>17</u>	Township Number <u>T 31 S</u>	Range Number <u>R 31 E/W</u>
Distance and direction from nearest town or city street address or well if located within city? <u>6 North and 7 West of Plains, Kansas</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<u>John Jacobs</u> <u>Plains, Kansas 67869</u>		Board of Agriculture, Division of Water Resources Application Number: <u>----</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>		4 DEPTH OF COMPLETED WELL: <u>411</u> ft. ELEVATION: <u>Upland</u> Depth(s) Groundwater Encountered <u>1</u> Not available <u>2</u> ft. <u>3</u> ft. WELL'S STATIC WATER LEVEL <u>243</u> ft. below land surface measured on mo/day/yr <u>August 10, 1983</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>9 7/8</u> in. to <u>411</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well <u>XX</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) <u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Lawn and garden only <u>10</u> Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>XX</u> ; If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes <u>XX</u> No _____			
5 TYPE OF BLANK CASING USED: <u>XX</u> 1 Steel <u>3</u> RMP (SR) <u>XX</u> 2 PVC <u>4</u> ABS		<u>5</u> Wrought iron <u>8</u> Concrete tile <u>6</u> Asbestos-Cement <u>9</u> Other (specify below) <u>7</u> Fiberglass		CASING JOINTS: <u>XX</u> Glued <u>XX</u> Clamped Welded _____ Threaded _____	
Blank casing diameter <u>5</u> in. to <u>371</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>265</u>		TYPE OF SCREEN OR PERFORATION MATERIAL: <u>XX</u> PVC <u>10</u> Asbestos-cement <u>1</u> Steel <u>3</u> Stainless steel <u>5</u> Fiberglass <u>8</u> RMP (SR) <u>2</u> Brass <u>4</u> Galvanized steel <u>6</u> Concrete tile <u>9</u> ABS <u>11</u> Other (specify) _____ <u>12</u> None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: <u>1</u> Continuous slot <u>3</u> Mill slot <u>2</u> Louvered shutter <u>4</u> Key punched		<u>5</u> Gauzed wrapped <u>XX</u> Saw cut <u>11</u> None (open hole) <u>6</u> Wire wrapped <u>9</u> Drilled holes <u>7</u> Torch cut <u>10</u> Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>371</u> ft. to <u>411</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From <u>14</u> ft. to <u>411</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL: <u>XX</u> Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other _____		Grout Intervals: From <u>4</u> ft. to <u>14</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
What is the nearest source of possible contamination: <u>NONE</u>		<u>10</u> Livestock pens <u>14</u> Abandoned water well <u>1</u> Septic tank <u>4</u> Lateral lines <u>7</u> Pit privy <u>11</u> Fuel storage <u>15</u> Oil well/Gas well <u>2</u> Sewer lines <u>5</u> Cess pool <u>8</u> Sewage lagoon <u>12</u> Fertilizer storage <u>16</u> Other (specify below) <u>3</u> Watertight sewer lines <u>6</u> Seepage pit <u>9</u> Feedyard <u>13</u> Insecticide storage			
Direction from well? FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG			
0 80 Top Soil					
8 30 Fine Sand					
30 110 Sandy Clay					
110 280 Med. to Lar. Sand, Gravel w/Clay Streaks					
280 300 Yellow Clay					
300 395 Blue Clay					
395 440 Med. to Lar. Sand					
440 450 Clay					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>August 10, 1983</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>252</u> This Water Well Record was completed on (mo/day/yr) <u>October 13, 1983</u> under the business name of <u>Friesen Windmill & Supply Inc.</u> by (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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					