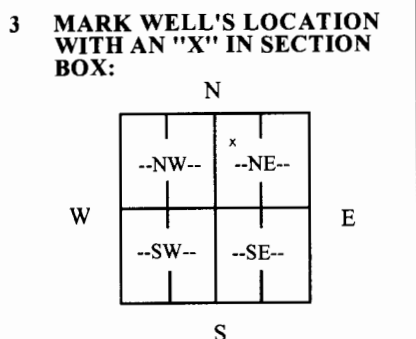


1 LOCATION OF WATER WELL: County: Riley Fraction: 1/4 SW 1/4 NW 1/4 NE 1/4 Section Number: 27 Township Number: T 10 S Range Number: 7 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
 Approximately 3 miles southwest of Manhattan.

Global Positioning Systems (GPS) information:
 Latitude: 39.157624 (in decimal degrees)
 Longitude: -96.633309 (in decimal degrees)
 Elevation: unknown
 Datum: WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/Model: WAAS)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: Wildcat Construction
 RR#, St. Address, Box #: 4421 W. Harry
 City, State ZIP Code: Wichita, KS 67277



4 DEPTH OF WELL 40 ft.
 WELL'S STATIC WATER LEVEL 14.10 ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile _____
 Blank casing diameter 8 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface. 48 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From _____ ft. to _____ ft., From 0 ft. to 14 ft., From _____ to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage None Known
 Watertight sewer lines Sewage lagoon Insecticide storage _____
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	14	Bentonite Chips			
14	40	Gravel Well Pack			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/05/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/year) 12/08/11 under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: White Copy Blue Copy Pink Copy