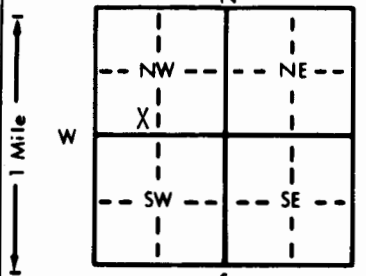


1 LOCATION OF WATER WELL: Fraction SE 1/4 SW 1/4 NW 1/4 Section Number 32 Township Number T 11 S Range Number R 17 **EW**
 County: Shawnee
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Flexel, Inc. Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: 6000 SE 2nd St. Application Number:
 City, State, ZIP Code: Tecumseh, Ks. 66542

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL: 67.1 ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1. 15.0 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 37.5 ft. below land surface measured on mo/day/yr 1-6-87
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 9.5/8 in. to 28.0 ft., and 5.5/8 in. to 106.4 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 _____ **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 **X** _____
 Blank casing diameter: 6" in. to 28" ft., Dia. 2" in. to 55.1 ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: 30" in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 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 55.1 ft. to 65.1 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 52.1 ft. to 67.1 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 69.7 ft. to 106.4 ft., From 49.1 ft. to 52.1 ft., From 0.0 ft. to 49.1 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 _____ Landfill (800') _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	4.0	Pale Red Brown Lean Clay, Gray Brown Lean Clay at 6"	50.0	53.0	Limestone With Thin Shales
			53.0	93.8	Gray Shale With Limestone Stringers
4.0	11.0	Red Brown Fat Clay	93.8	106.4	Gray Shale
11.0	12.5	Dark Gray Brown Lean Clay (Buried Topsoil)			
12.5	16.0	Gray Fat Clay			
16.0	22.0	Olive Lean Clay			
22.0	28.0	Gray Brown Lean Clay			
28.0	30.6	Limestone			
30.6	31.1	Limestone with Gray Shale Stringers			
31.1	32.5	Gray Shale			
32.5	34.0	Limestone			
34.0	39.0	Gray Shale with Limestone Stringers			
39.0	44.0	Limestone with Thin Shales			
44.0	50.0	Gray 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) 12-22-86 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 1-9-87 under the business name of Terracon Consultants, Inc. 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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.