

| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Fraction              |                                                                                             | Section Number |    | Township Number    |  | Range Number    |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------------------------------------------------------------------------------|----------------|----|--------------------|--|-----------------|--|------|----|------|----------------|------|----|--------------------|---|---|----|----------------------------------------------------|--|--|--|---|---|----|-----------------------------|--|--|--|---|-----|----|------------------------------------------------|--|--|--|-----|----|----|----------------------|--|--|--|----|----|----|--------------------------------------------|--|--|--|----|----|----|------------------------------|--|--|--|----|----|----|----------------|--|--|--|----|----|----|---------------------------|--|--|--|----|----|----|----------------------------------------------|--|--|--|----|----|----|------------------|--|--|--|
| County: <b>Wyandotte</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | <b>SE ¼ NW ¼ SE ¼</b> |                                                                                             | <b>20</b>      |    | <b>T 11 S</b>      |  | <b>R 25 E/W</b> |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>Argentine Railyard Kansas City, Kansas, Latitude: N39° 04.691', Longitude: 94° 39.256'</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 2 WATER WELL OWNER: <b>Burlington Northern Santa Fe Railway Attn: Judy McDonough</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| RR#, St. Address, Box #: <b>4515 Kansas Avenue</b> Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| City, State, ZIP Code: <b>Kansas City, Kansas 66106</b> Application Number: <b>Not Applicable</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                       | 4 DEPTH OF COMPLETED WELL <b>44</b> ft. ELEVATION:                                          |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                       | Depth(s) Groundwater Encountered 1 <b>36.3</b> ft. 2 _____ ft. 3 _____ ft.                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                       | WELL'S STATIC WATER LEVEL <b>Unknown</b> ft. below land surface measured on mo/day/yr       |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                       | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                       | Est. Yield <b>&lt; 10</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                       | Bore Hole Diameter <b>8</b> in. to <b>44</b> ft. and _____ in. to _____ ft.                 |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10</b> Monitoring well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| Water Well Disinfected? Yes _____ No <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| <b>2</b> PVC 4 ABS 7 Fiberglass <b>Threaded</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| Blank casing diameter <b>2</b> in. to <b>29</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| Casing height above land surface <b>0</b> in., weight <b>N/A</b> lbs./ft. Wall thickness or gauge No. <b>0.1875</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL: <b>7</b> PVC 10 Asbestos-cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 1 Continuous slot <b>3</b> 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 <b>29</b> ft. to <b>44</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| GRAVEL PACK INTERVALS: From <b>27</b> ft. to <b>44</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| Grout Intervals From <b>0.5</b> ft. to <b>27</b> 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 <b>11</b> Fuel storage 14 Abandoned water well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| Direction from well? <b>Unknown</b> How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>17</td> <td>Fill, brown mixed sand and trace crushed limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>9</td> <td>05</td> <td>Fill, dark gray clayey sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>9.5</td> <td>01</td> <td>Fill, light gray lean clay w/ little fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9.5</td> <td>10</td> <td>07</td> <td>Fill, gray fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>13</td> <td>07</td> <td>Fill, dark gray clayey sand w/ trace glass</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>18</td> <td>07</td> <td>Gray fine sand w/ trace clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>20</td> <td>07</td> <td>Gray fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>30</td> <td>05</td> <td>Gray fine and medium sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>35</td> <td>05</td> <td>Gray fine and medium sand w/ trace fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>40</td> <td>05</td> <td>Gray coarse sand</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |     |                       |                                                                                             |                |    |                    |  |                 |  | FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 5 | 17 | Fill, brown mixed sand and trace crushed limestone |  |  |  | 5 | 9 | 05 | Fill, dark gray clayey sand |  |  |  | 9 | 9.5 | 01 | Fill, light gray lean clay w/ little fine sand |  |  |  | 9.5 | 10 | 07 | Fill, gray fine sand |  |  |  | 10 | 13 | 07 | Fill, dark gray clayey sand w/ trace glass |  |  |  | 13 | 18 | 07 | Gray fine sand w/ trace clay |  |  |  | 18 | 20 | 07 | Gray fine sand |  |  |  | 20 | 30 | 05 | Gray fine and medium sand |  |  |  | 30 | 35 | 05 | Gray fine and medium sand w/ trace fine sand |  |  |  | 35 | 40 | 05 | Gray coarse sand |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TO  | CODE                  | LITHOLOGIC LOG                                                                              | FROM           | TO | PLUGGING INTERVALS |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5   | 17                    | Fill, brown mixed sand and trace crushed limestone                                          |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9   | 05                    | Fill, dark gray clayey sand                                                                 |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9.5 | 01                    | Fill, light gray lean clay w/ little fine sand                                              |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 9.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10  | 07                    | Fill, gray fine sand                                                                        |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13  | 07                    | Fill, dark gray clayey sand w/ trace glass                                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18  | 07                    | Gray fine sand w/ trace clay                                                                |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20  | 07                    | Gray fine sand                                                                              |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 30  | 05                    | Gray fine and medium sand                                                                   |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 35  | 05                    | Gray fine and medium sand w/ trace fine sand                                                |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40  | 05                    | Gray coarse sand                                                                            |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| 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/yr) <b>3/3/05</b> and this record is true to the best of my knowledge and belief. Kansas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| Water Well Contractor's License No. <b>616</b> This Water Well Record was completed on (mo/day/yr) <b>4/11/05</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| under the business name of <b>Thiele Geotech, Inc.</b> by (signature) <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                       |                                                                                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |    |                                                    |  |  |  |   |   |    |                             |  |  |  |   |     |    |                                                |  |  |  |     |    |    |                      |  |  |  |    |    |    |                                            |  |  |  |    |    |    |                              |  |  |  |    |    |    |                |  |  |  |    |    |    |                           |  |  |  |    |    |    |                                              |  |  |  |    |    |    |                  |  |  |  |

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