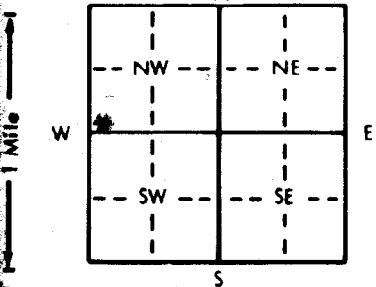


1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 NW 1/4 Section Number 17 Township Number T 12 S Range Number R 6 E
 County: Osage

Distance and direction from nearest town or city street address of well if located within city?
Start on I-70- 299 go South on J. Hill 1/2 mile to old Stage Rd & go 1/2 East & 1/2 South

2 WATER WELL OWNER: Fred Junghaus
 RR#, St. Address, Box #: Rt 5, Box 35 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Junction City, Kansas 66441 Application Number:

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



4 DEPTH OF COMPLETED WELL: 130 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. 120 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 100 ft. below land surface measured on mo/day/yr 3 / 10 / 90
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 10 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to 130 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No *; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes * No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued * Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____

Blank casing diameter 5 in. to 130 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 15 in., weight 200 lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 90 ft. to 130 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 26 ft. to 130 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 3 ft. to 26 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage

Direction from well? NORTHWEST How many feet? approx 1/2 mile

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|------------------------------|------|----|--------------------|
| 0 | 7 | DARK TOP SOIL | | | |
| 7 | 19 | BROWN CLAY | | | |
| 19 | 20 | LIMESTONE | | | |
| 20 | 30 | LITE COLOR CLAY & SHALE | | | |
| 30 | 34 | GRAY SHALE | | | |
| 34 | 50 | DARK SHALE & FLINT | | | |
| 50 | 56 | BROWN SHALE & FLINT | | | |
| 56 | 60 | GRAY SHALE | | | |
| 60 | 65 | BLUE HARD SHALE | | | |
| 65 | 83 | BLUE TO DARK GRAY SOFT SHALE | | | |
| 83 | 95 | LIMESTONE & FLINT | | | |
| 95 | 98 | BLUE SHALE & FLINT | | | |
| 98 | 114 | MIXED COLOR SHALE | | | |
| 114 | 120 | LIMESTONE | | | |
| 120 | 130 | DARK SHALE | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3 / 10 / 90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 397 This Water Well Record was completed on (mo/day/yr) 4 / 9 / 90 under the business name of CENTRAL KANSAS DRILLING by (signature) Arnold D. Masten

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

6100921006-22