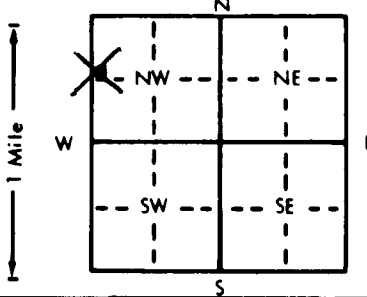


1 LOCATION OF WATER WELL: Fraction W 1/2 Section Number 10 Township Number T 13 S Range Number R 3 E  
 County: Dickinson Near 1/4 Center 1/4 NW 1/4

Distance and direction from nearest town or city street address of well if located within city?  
3 miles East of Detroit

2 WATER WELL OWNER: Bill & Phil Ryan  
 RR#, St. Address, Box #: 8208 Melrose Drive Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Lenexa, KS 66214 Application Number: 40,910

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 1 DEPTH OF COMPLETED WELL: 52 ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1. 52 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 4-8-95  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter 30 in. to 52 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 X No .....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes X No



5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped .....  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass Threaded .....  
 Blank casing diameter 1.6 in. to 3.2 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 12 in., weight 16.15 lbs./ft. Wall thickness or gauge No. 500  
 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 32 ft. to 52 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 20 ft. to 52 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 0 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination: None within 1/2 mile 10 Livestock pens 14 Abandoned water well  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage  
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Top Soil			
5	27	Brown Silty Clay			
27	41	Course Sand & Gravel			
41	43	Fine Sand & Gray Clay			
43	51	Medium to Course Sand & Gravel			
51	52	Gray Shale			
52		Limestone			

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) 4-8-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 4-24-95 under the business name of Peterson Irrigation Inc. by (signature) Mike Peters

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.