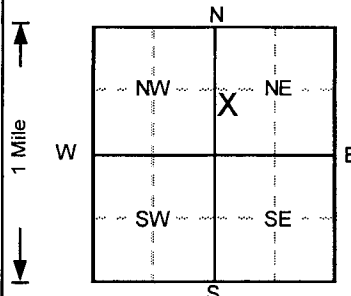


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Dickinson	Fraction NW ¼ SW ¼ NE ¼	Section Number 33	Township Number T 14 S	Range Number R 3 E/W
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Distance and direction from nearest town or city street address of well if located within city?
152 Main Street, Navarre

2 WATER WELL OWNER: **North Central Kansas Cooperative**
 RR#, St. Address, Box # : **PO Box 157** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Hope, Kansas 67451** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 45 ft. ELEVATION: 1352.51
	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL: 29.85 ft. below land surface measured on mo/day/yr: 4/25/2007 Pump test data: Well water was NA ft. after hours pumping gpm Est. Yield: NA gpm; Well water was ft. after hours pumping gpm Bore Hole Diameter: 8 in. to 45 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 ^{w/well} Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No <input checked="" type="checkbox"/>

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. <input checked="" type="checkbox"/>	Blank casing diameter: 2 in. to 30 ft., Dia. in. to ft., Dia. in. to ft. Casing height above land surface: -5.04 in., weight lbs./ft. Wall thickness or gauge No. Sch. 40
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) 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 30 ft. to 45 ft., From ft. to ft. From ft. to ft., From ft. to ft.	GRAVEL PACK INTERVALS: From 28 ft. to 45 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 **Concrete**
 Grout intervals: From **0** ft. to **1** ft., From **1** ft. to **20** 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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Gravel,			
0.5	3	Clay, silty, moist, no odor, Dark Brown			
3	9	Clay, silty, v. moist, v. plastic, Brown			
9	14	Clay, v. silty, v. moist, v. plastic, Yellow-Brow			
14	17	Clay, moist, plastic, no odor, Yellow-Brown			
17	18	Limestone, hard, Lt. Gray			
18	21	Clay, moist, plastic, no odor, Green			
21	22	Caliche, v. firm, Gray-White			
22	35	Shale, weathered, moist, no odor, Green			
35	40	Shale, moist, no odor, Green			
40	45	Shale, moist w/sat. stringers, Green			
					MW6/SB6, Tag # 0041550, Flushmount
					Project Name: North Central Kansas Coop.
					GeoCore # 1360, KDHE # A5 021 40327

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) **4/24/2007** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **5/11/07**
 under the business name of **GeoCore, Inc.** by (signature) *Dan Bell*

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.