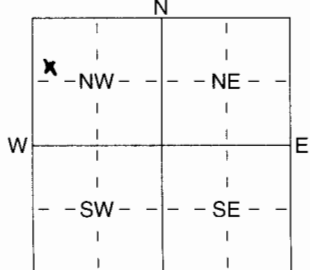


1 LOCATION OF WATER WELL: Fraction SW 1/4 NW 1/4 NW 1/4 Section Number 34 Township Number T 14 S Range Number R 4 E  
 County: Dickinson

Distance and direction from nearest town or city street address of well if located within city?  
3/4 mile West of Woodbine

2 WATER WELL OWNER: Barbara Wood  
 RR#, St. Address, Box # : 1439 Union Road Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Woodbine, KS 67492 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL 70 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1 45 ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL 36 ft. below land surface measured on mo/day/yr Sep 25 04  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 20 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 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 Domestic (lawn & garden) 10 Monitoring well .....  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No X; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 2 PVC 4 ABS 7 Fiberglass Threaded .....  
 Blank casing diameter 5 in. to 40 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 18 in., weight ..... lbs./ft. Wall thickness or guage No. SPR-20  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....  
 SCREEN-PERFORATED INTERVALS: From 40 ft. to 70 ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From NONE 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 30 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? East Proposed How many feet? 80

| FROM | TO | LITHOLOGIC LOG  | FROM | TO | PLUGGING INTERVALS |
|------|----|-----------------|------|----|--------------------|
| 0    | 4  | Top Soil Blk    |      |    |                    |
| 4    | 8  | Clay TAN        |      |    |                    |
| 8    | 20 | LIME Lite TAN   |      |    |                    |
| 20   | 24 | Shale Yel       |      |    |                    |
| 24   | 26 | LIME Yel        |      |    |                    |
| 26   | 30 | Shale Lite Gray |      |    |                    |
| 30   | 33 | LIME Lite Gray  |      |    |                    |
| 33   | 44 | Shale Yel       |      |    |                    |
| 44   | 48 | LIME Frac Yel   |      |    |                    |
| 48   | 50 | LIME Yel        |      |    |                    |
| 50   | 70 | Shale Red       |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was reconstructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) Sep 25 04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 218 This Water Well Record was completed on (mo/day/yr) Oct 21 04 under the business name of ZINN Water Well Drlg by (signature) Joseph A. Zinn

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

RECEIVED  
 OCT 22 2004  
 BUREAU OF WATER