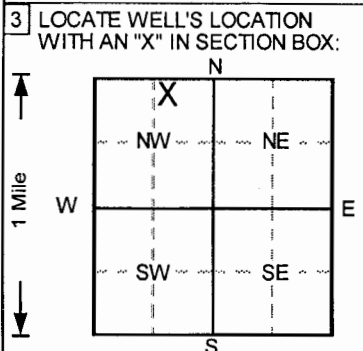


1 LOCATION OF WATER WELL: County: Dickinson	Fraction NW ¼ NE ¼ NW ¼	Section Number 35	Township Number T 14 S	Range Number R 4 EW
---	-----------------------------------	-----------------------------	----------------------------------	---

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

6 Railway Street, Woodbine

2 WATER WELL OWNER: **North Central Kansas Cooperative**
 RR#, St. Address, Box # : **6 Railway Street**
 City, State, ZIP Code : **Woodbine, KS 67492**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL **58** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **36.32** ft. below land surface measured on mo/day/yr **7/12/2006**
 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 **6.5** in. to **58.5** 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 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded

Blank casing diameter **2** in. to **33** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **0** in., weight _____ lbs./ft. Wall thickness or gauge No. **Sch. 40**

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

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

SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **36** ft. to **58.5** 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 **2** ft., From **2** ft. to **30** ft., From _____ ft. to _____ ft.

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

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	17	Clay, plastic,			
17	24	Limestone, Tan/Yellow			
24	26	Clay, mixed with crushed limestone, plastic, T			
26	28	Limestone, very soft, Tan			
28	30	Shale, very weathered, Dark Gray			
30	32	Clay, weathered, Tan/Brown			
32	38	Not Logged,			
38	41	Clay, with gray/tan limestone, Tan/Brown			
41	47	Shale, weathered, with brown clay, Gray			
47	50	Limestone, with gray shale, Tan			
50	58	Shale, dense, Dark Gray			
					MW3, Flushmount
					Project Name: ISI - Woodbine
					GeoCore # 1303, #

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) **6/14/2006** 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) **7/17/2006**
 under the business name of **GeoCore, Inc.** by (signature) *Dale Hall*