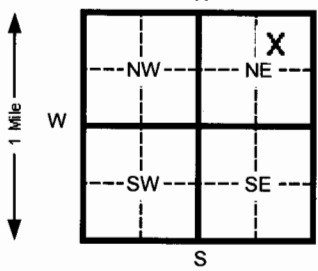


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: Osage		SW $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	26		T 16 S	R 14 E/W	
Distance and direction from nearest town or city street address of well if located within city?							
702 Market Street, Osage City, Kansas							
2 WATER WELL OWNER: Chevron Environmental Management Company							
RR#, St. Address, Box # : 2300 Windy Ridge Parkway, Suite 575				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Atlanta, Georgia 30339-5665				Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 11.0 ft. ELEVATION:					
		Depth(s) Groundwater Encountered 1 10.5 ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL 4.92 ft. below land surface measured on mo/day/yr 10/12/06					
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm					
		Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
		Bore Hole Diameter 8.5 in. to 11.0 ft. and _____ in. to _____ ft.					
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 X					
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 X							
Blank casing diameter 2.375 in. to 4.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 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) _____							
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 10 Other (specify) _____							
7 Torch cut							
SCREEN-PERFORATED INTERVALS: From 11.0 ft. to 4.0 ft. From _____ ft. to _____ ft.							
From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From 11.0 ft. to 3.0 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 0.0 ft. to 1.0 ft. From 1.0 ft. to 3.0 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 (former) 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? North How many feet? 10							
LITHOLOGIC LOG							
FROM	TO	CODE					
0.0	1.0		Asphalt/Concrete				
1.0	9.5		Brown silty clay, firm-very firm, moist				
9.5	10.0		Brown-orange brown silty clay, gravelly, trace sand, very firm, moist				
10.0	11.0		Shale and limestone, moist-very moist, wet @ 10.5'				
Flush-mount well completion waiver approved by Don Taylor, KDHE-BOW							
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/yr) 10/12/06 and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. 692				This Water Well Record was completed on (mo/day/yr) 10/16/06			
under the business name of Quad State Services, Inc.				by (signature) _____			
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							