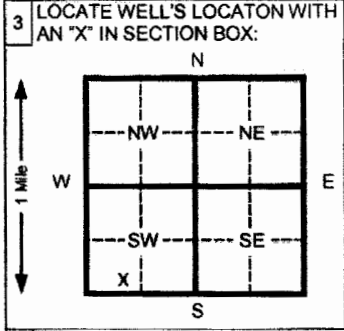


1 LOCATION OF WATER WELL: Fraction **SE 1/4 SW 1/4 SW 1/4** Section Number **11** Township Number **T 19 S** Range Number **R 11 EW**
 County: **Lyon**

Distance and direction from nearest town or city street address of well if located within city?
812 E. 6th Street, Emporia, Kansas

2 WATER WELL OWNER: **Leizler Oil Company**
 RR#, St. Address, Box #: **635 W. Crawford Street** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Clay Center, Kansas 67432** Application Number:



4 DEPTH OF COMPLETED WELL **28.0** ft. ELEVATION:
 Depth(s) Groundwater Encountered **1 21.25** ft. **2** ft. **3** ft.
 WELL'S STATIC WATER LEVEL **25.60** ft. below land surface measured on **mo/day/yr 2-20-08**
 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 **28.0** 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded **X**
 Blank casing diameter **2.375** in. to **13.0** 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: **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 **28.0** ft. to **13.0** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **27.0** ft. to **10.0** 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 **1.5** ft. From **1.5** ft. to **10.0** 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? **Southwest** How many feet? **150**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Aggregate
0.5	6.0		Brown very silty clay, firm, moist
6.0	15.0		Red Brown very silty clay, firm, moist, traces of limestone fragments
15.0	20.0		Red Brown very silty clay, Laminated limestone, firm, moist, hydrocarbon odor
20.0	25.0		Light red brown very silty clay, limestone, firm, moist, hydrocarbon odor
25.0	28.0		Limestone fragments refusal @ 28.0 limestone
Flush-mount well completion waiver existent for site.			

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) **2-20-08** 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) **3-2-08** 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.