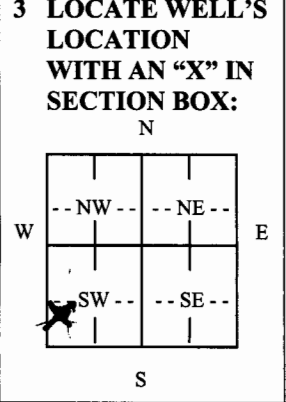


1 LOCATION OF WATER WELL:
 County: Pottawatomie Fraction NW 1/4 SW 1/4 SW 1/4 Section Number 18 Township Number T 9 S Range Number R 9 EW
 Distance and direction from nearest town or city street address of well if located within city? _____

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 39.26449
 Longitude: 96.46268
 Elevation: 1268
 Datum: NAD 83
 Data Collection Method: Hand held

2 WATER WELL OWNER: Johna Nicholas
 RR#, St. Address, Box # : 7355 Hopkins Creek RD
 City, State, ZIP Code : St George, KS



4 DEPTH OF COMPLETED WELL 200 ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm
 Est. Yield.....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 Ground Source
 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 CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....
 1 Steel 3 RMP (SR) 6 Asbestos-Cement Other (specify below) Welded.....
 2 PVC 4 ABS 7 Fiberglass H.D.P.E...... Threaded.....
 Blank casing diameter below..... in. to 24..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
 Casing height above land surface..... 60..... in., Weight.....lbs./ft. Wall thickness or gauge No. SOR 11
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify).....
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify).....
 SCREEN-PERFORATED INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.
 GRAVEL PACK INTERVALS: 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..... ft. to 200..... 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 13 Insecticide Storage 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well House
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
 Direction from well? South How many feet? 25

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Soil			
4	19	loose shale yellow			
19	119	Alt Grey to Dark Grey shale			
119	123	Limestone			
123	175	Alt. Shale			
175	182	Limestone			
182	200	Alt Shale			

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) 1/23/08 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 760..... This Water Well Record was completed on (mo/day/year) 3/17/08.....
 under the business name of ASSOCIATED OILFIELD CO. by (signature) Goetherman

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. Visit us at <http://www.kdheks.gov/waterwell/index.html>.