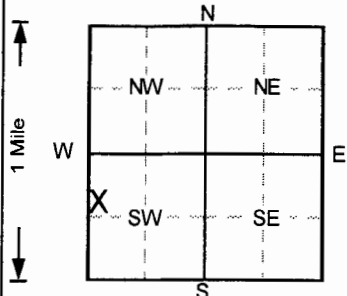


1 LOCATION OF WATER WELL: County: Sedgwick	Fraction SW 1/4 NW 1/4 SW 1/4	Section Number 26	Township Number T 25 S	Range Number R 2 E/W
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Distance and direction from nearest town or city street address of well if located within city?
8808 N. 127th St. E, Valley Center

2 WATER WELL OWNER: **Chemical Waste Management, Inc.**
 RR#, St. Address, Box # : **8808 N. 127th East**
 City, State, ZIP Code : **Valley Center, KS 67147**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **71.5** ft ELEVATION: **1385.424**
 Depth(s) Groundwater Encountered 1. _____ ft 2. _____ ft 3. _____ ft
 WELL'S STATIC WATER LEVEL: **47.44** ft below land surface measured on **mo/day/yr 1/28/2010**
 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 **13** in. to **45** ft., and **8** in. to **71.5** 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 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

Blank casing diameter: **10** in. to **45** ft., Dia. **2** in. to **66.5** ft. Dia. _____ in. to _____ ft.
 Casing height above land surface: **33.24** in., weight _____ lbs./ft. Wall thickness or gauge No. **Sch. 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) _____
 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
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **66.5** ft. to **71.5** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **64.5** ft. to **71.5** 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** ft. to **62.5** ft., From **62.5** ft. to **64.5** 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Clay fill			
4	6	Clay fill w/some gravel			
6	12	Clay fill, some gravel			
12	20	Clay fill,			
20	27.5	Clay w/caliche sand stringer			
27.5	31.5	Rock, hard,			
31.5	34	Clay w/boxwork calcite, Buff			
34	35	Clay			
35	35.5	Clay w/boxwork calcite, Buff			
35.5	52	Clay,			
52	54	Clay w/abnt gravel			
54	55	Clay			
55	67	Gypsum, alabaster, interbd shale,			BOW1, Abovegrade
67	71.5	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) **1/26/2010** 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) **2/19/2010**
 under the business name of **GeoCore, Inc.** by (signature) *[Signature]*

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, Topeka, Kansas 66620-0001. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.

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