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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|-----------------------------|-----------------------------|--|
| <b>1</b> LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Fraction                                                                                                                    | Section Number                                                                                                 |      | Township Number             | Range Number                |  |
| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | <b>SE</b> $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$                                                     | <b>36</b>                                                                                                      |      | <b>T</b> <b>25</b> <b>S</b> | <b>R</b> <b>01</b> <b>W</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>100 W. Main, Valley Center</b>                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                             |                                                                                                                |      |                             |                             |  |
| <b>2</b> WATER WELL OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | <b>Shaw Oil</b>                                                                                                             |                                                                                                                |      |                             |                             |  |
| RR#, St. Address, Box # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | <b>107 N. Meridian</b>                                                                                                      |                                                                                                                |      |                             |                             |  |
| City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | <b>Valley Center, KS 67147</b>                                                                                              |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Board of Agriculture, Division of Water Resources<br>Application Number:                                                    |                                                                                                                |      |                             |                             |  |
| <b>3</b> LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | <b>4</b> DEPTH OF COMPLETED WELL <b>22</b> ft. ELEVATION: <b>1344.04 (TOC)</b>                                              |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Depth(s) Groundwater Encountered    1 <b>15</b> ft.    2        ft.    3        ft.                                         |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | WELL'S STATIC WATER LEVEL <b>12.88</b> ft. below land surface measured on mo/day/yr <b>12-13-04</b>                         |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                                                |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                                          |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Bore Hole Diameter <b>8.5</b> in. to <b>22</b> 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) <b>10 Monitoring well</b>                                      |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Water Well Disinfected? Yes _____ No <b>X</b>                                                                               |                                                                                                                |      |                             |                             |  |
| <b>5</b> TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | CASING JOINTS: Glued _____ Clamped _____                                                                                    |                                                                                                                |      |                             |                             |  |
| 1 Steel                      3 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Welded _____                                                                                                                |                                                                                                                |      |                             |                             |  |
| <b>2 PVC</b> 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | <b>Threaded</b> <b>Flush</b>                                                                                                |                                                                                                                |      |                             |                             |  |
| Blank casing diameter <b>2</b> in. to <b>7</b> ft., Dia                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | in. to _____ ft., Dia                                                                                                       |                                                                                                                |      |                             |                             |  |
| Casing height above land surface <b>Flush</b> in., weight <b>0.703</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |            | lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>                                                                         |                                                                                                                |      |                             |                             |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | <b>7 PVC</b> 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 <b>3 Mill slot</b> 6 Wire wrapped                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | 9 Drilled holes                                                                                                             |                                                                                                                |      |                             |                             |  |
| 2 Louvered shutter                      4 Key punched                      7 Torch cut                                                                                                                                                                                                                                                                                                                                                                                                             |            | 10 Other (specify) _____                                                                                                    |                                                                                                                |      |                             |                             |  |
| SCREEN-PERFORATED INTERVALS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | From <b>7</b> ft. to <b>22</b> ft. From _____ ft. to _____ ft.                                                              |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                     |                                                                                                                |      |                             |                             |  |
| GRAVEL PACK INTERVALS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | From <b>5</b> ft. to <b>22</b> ft. From _____ ft. to _____ ft.                                                              |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                     |                                                                                                                |      |                             |                             |  |
| <b>6</b> GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 1 Neat cement                      2 Cement grout <b>3 Bentonite</b> 4 Other _____                                          |                                                                                                                |      |                             |                             |  |
| Grout Intervals From <b>0.5</b> ft. to <b>5</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                    |            | From _____ ft. to _____ ft.                                                                                                 |                                                                                                                |      |                             |                             |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | 10 Livestock pens                      14 Abandoned water well                                                              |                                                                                                                |      |                             |                             |  |
| 1 Septic tank                      4 Lateral lines                      7 Pit privy                                                                                                                                                                                                                                                                                                                                                                                                                |            | 11 Fuel storage                      15 Oil well/ Gas well                                                                  |                                                                                                                |      |                             |                             |  |
| 2 Sewer lines                      5 Cess pool                      8 Sewage lagoon                                                                                                                                                                                                                                                                                                                                                                                                                |            | 12 Fertilizer storage                      16 Other (specify below) _____                                                   |                                                                                                                |      |                             |                             |  |
| 3 Watertight sewer lines                      6 Seepage pit                      9 Feedyard                                                                                                                                                                                                                                                                                                                                                                                                        |            | 13 Insecticide storage                                                                                                      |                                                                                                                |      |                             |                             |  |
| Direction from well?                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | How many feet?                                                                                                              |                                                                                                                |      |                             |                             |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TO         | CODE                                                                                                                        | LITHOLOGIC LOG                                                                                                 | FROM | TO                          | PLUGGING INTERVALS          |  |
| <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>0.5</b> |                                                                                                                             | <b>Concrete</b>                                                                                                |      |                             |                             |  |
| <b>0.5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>13</b>  |                                                                                                                             | <b>Fill Sand, grain size increases with depth</b>                                                              |      |                             |                             |  |
| <b>13</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>22</b>  |                                                                                                                             | <b>Sand, occasional clay layers, very fine to coarse grain, round, quartz, grain size increases with depth</b> |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                             |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                             |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                             |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                             |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                             |                                                                                                                |      |                             |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                             |                                                                                                                |      |                             |                             |  |
| <b>7</b> CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ( <b>1</b> ) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>1-17-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>1-18-05</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <i>[Signature]</i> |            |                                                                                                                             |                                                                                                                |      |                             |                             |  |
| 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.                                                                                                                                                                                           |            |                                                                                                                             |                                                                                                                |      |                             |                             |  |