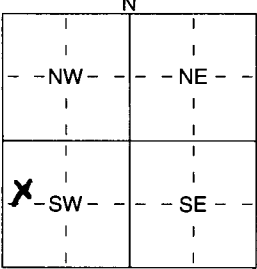


1 LOCATION OF WATER WELL: County: CLAY Fraction: SW 1/4 NW 1/4 SW 1/4 Section Number: 26 Township Number: T 8 S Range Number: R 1 E

Distance and direction from nearest town or city street address of well if located within city?

FROM IDAHO: 1.5 MILES WEST AND 2 1/4 MILES SOUTH

2 WATER WELL OWNER: CHRIS COX
 RR#, St. Address, Box #: 1603 5th Str. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: CLAY CENTER, KS: 67432 Application Number: _____

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

4 DEPTH OF COMPLETED WELL: 98 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: 1 32 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: 2.5 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
7 Domestic (lawn & garden) 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 X No

5 TYPE OF BLANK CASING USED:
 1 Steel PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued X Clamped _____
 10 Welded _____
 11 Threaded _____
 Blank casing diameter: 5 in. to 70 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 24 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR 26
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-Cement 11 Other (Specify) _____
 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____
 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 98 ft., From _____ ft. to _____ ft.
 From 25 ft. to 98 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 3 ft. to 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) pond
 Direction from well? EAST How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	17	SANDY CLAY			
17	32	CLAY RED			
32	55	SHALE RED			
55	59	LOAMY SILTY TAN			
59	98	SHALE, GRAY			
	98	TOTAL DEPTH			

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) 5/21/02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 585 This Water Well Record was completed on (mo/day/yr) 6/2/03 under the business name of ASSOCIATED ENVIRONMENTAL 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, 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.