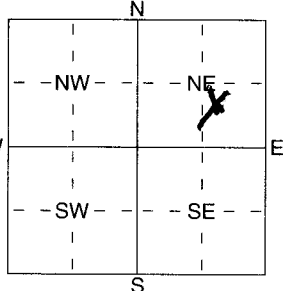


ww465

1 LOCATION OF WATER WELL: County: RILEY Fraction: NW 1/4 SE 1/4 NE 1/4 Section Number: 4 Township Number: T 8 S Range Number: R 5 E/W

Distance and direction from nearest town or city street address of well if located within city?
FROM WEST SIDE OF LEONARDVILLE: 1 3/4 MILES NORTH ON WEST SIDE OF ROAD

2 WATER WELL OWNER: GARRIN & HEIDE WALROD
 RR#, St. Address, Box #: 12101 ALEMBERG RD Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: LEONARDVILLE, KS 66449 Application Number: _____

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

 4 DEPTH OF COMPLETED WELL: 123 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: 1 81 ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: 71 ft. below land surface measured on mo/day/yr: 2/17/03
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 7 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 WELL WATER TO BE USED AS:
 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
 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: 5 in. to 103 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 24 in., weight _____ lbs./ft. Wall thickness or guage No: SAR 26
 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 9 ABS 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 7 Torch cut 9 Drilled holes 10 Other (specify) _____ ft.
 SCREEN-PERFORATED INTERVALS: From 103 ft. to 123 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 25 ft. to 123 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 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)
 Direction from well? SOUTH How many feet? ~ 60

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	CLAY			
10	14	LIMESTONE, TAN, WEATHERED			
14	18	SHALE, TAN			
18	20	LIMESTONE, TAN, WEATHERED			
20	23	LIMESTONE, HARD			
23	35	SHALE, TAN			
35	36	LIMESTONE, TAN			
36	41	SHALE, TAN			
41	43	LIMESTONE, TAN			
43	81	SHALE, RED			
81	96	LIMESTONE 1420			
96	123	SHALE, GRAY			

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) 2/17/03 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) 2/19/03 under the business name of ASSOCIATED ENVIRONMENTAL INC by (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.