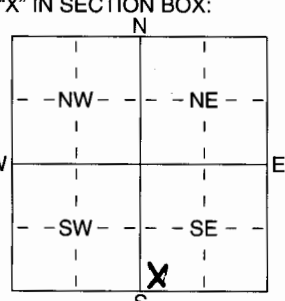


1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 S12 1/4 Section Number 17 Township Number T 8 S Range Number R 9 E
 County: POTTAWATOMIE

Distance and direction from nearest town or city street address of well if located within city?
3 MILES SOUTH OF WEST MORFELAND ON THE FLUSH ROAD.

2 WATER WELL OWNER: JEREMY LEHNING
 RR#, St. Address, Box # : 12015 FLUSH RD Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : WEST MORFELAND, KS 66549 Application Number: _____

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

 4 DEPTH OF COMPLETED WELL 240 ft. ELEVATION: _____
 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:
 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)
6 OTHER (SPECIFY BELOW) CLOSED LOOP GRAVEL PACK
 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 _____ No X _____

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 X _____
 7 Fiberglass HDPPE Threaded _____
 Blank casing diameter 3/4 in. to 240 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 60 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR11
 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) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Guazed 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) _____ ft.
 SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ 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 5 ft. to 240 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)
6 OTHER (SPECIFY BELOW) HOUSE
 13 Insecticide storage
 Direction from well? WEST How many feet? 20

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	22	CLAY			
22	38	SHALE, ORANGE TO GRAY			
38	41	LEMPSTONE			
41	55	SHALE, GRAY TO RED TO GRAY			
55	56	LEMPSTONE			
56	74	SHALE, GRAY			
74	77	LEMPSTONE			
77	85	SHALE, GRAY			
85	88	LEMPSTONE			
88	132	SHALE, GRAY			
132	133	LEMPSTONE			
133	184	SHALE, GRAY			
184	190	LEMPSTONE			
190	240	SHALE, GRAY TO RED TO 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) 12/6/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 760. This Water Well Record was completed on (mo/day/yr) 1/3/06 under the business name of ASSOCIATED DRILLING INC by (signature) [Signature]