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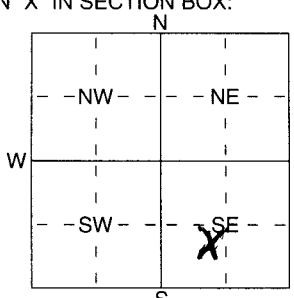
1 LOCATION OF WATER WELL: Fraction NR 1/4 SW 1/4 SE 1/4 Section Number 26 Township Number T 9 S Range Number R 6 EW
 County: RILEY

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

FROM KEANS: 1 MILE WEST AND 1/4 NORTH

2 WATER WELL OWNER: DAVID TEAFORD
 RR#, St. Address, Box #: 3533 SELVA CRANK RD
 City, State, ZIP Code: MANWATON, KS. 66503
 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 180 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 53 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 5 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 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 10 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well CLOSED LOOP GEOTHERMAL
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yrs sample was submitted
 Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X
 2 PVC 4 ABS 7 Fiberglass Threaded _____
 Blank casing diameter 3 1/4 in. to 180 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 60 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR 11
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 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 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ ft.
 SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals: From 5 ft. to 180 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 HOUSE
 Direction from well? WEST How many feet? 12

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	13	CLAY			
13	21	LIMESTONE			
21	37	SHALE, GRAY			
37	40	LIMESTONE			
40	49	SHALE, GRAY			
49	53	LIMESTONE 1/20			
53	76	SHALE, RED			
76	81	LIMESTONE			
81	155	SHALE, RED GRAY, BROWN, RED GRAY			
155	161	LIMESTONE			
161	180	SHALE, GRAY			

3 HOLES 180 FEET

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This geothermal well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6/18/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 505 This Water Well Record was completed on (mo/day/yr) 7/22/04 under the business name of ASSOCIATED POWERWATERS 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.