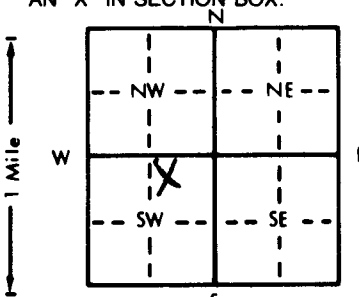


1 LOCATION OF WATER WELL: Fraction NW 1/4 NE 1/4 SW 1/4 Section Number 7 Township Number T 11 S Range Number R 27 EW

County: Gove

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

2 WATER WELL OWNER: Mardian Motor Co.
 RR#, St. Address, Box #: Rt. 1 Box 1A
 City, State, ZIP Code: Park, Ks. 67751
 Board of Agriculture, Division of Water Resources
 MW #4 Application Number:

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

4 DEPTH OF COMPLETED WELL: 125 ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: 103.67 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

Bore Hole Diameter: 8 in. to 125 ft., and _____ in. to _____ ft.

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 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded

Blank casing diameter: 4 in. to 9.5 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.

Casing height above land surface: 0 in., weight 2.071 lbs./ft. Wall thickness or gauge No. 237

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 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 11 None (open hole) 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From 95 ft. to 125 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 91 ft. to 125 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 0 ft. to 91 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)

Direction from well? _____ How many feet? _____

Fuel Storage Removed

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|------|---|------|----|--------------------|
| 0 | 3 | Surface | | | |
| 3 | 13 | Loess | | | |
| 13 | 23 | Clay w/Caliche Strks. | | | |
| 23 | 34 | Sandy Clay w/Fine Sand | | | |
| 34 | 38.5 | Sandy Clay w/Caliche Strks. | | | |
| 38.5 | 40 | Cemented Sand & Clay & Sand Strks. | | | |
| 40 | 53 | Med. Sand & Gravel | | | |
| 53 | 70 | Med. Sand & Clay w/Caliche Strks. | | | |
| 70 | 80 | Fine Sand w/Fine Clay & Caliche Strks. | | | |
| 80 | 90 | Med. Sand | | | |
| 90 | 96 | Med. Sand w/Clay Strks. | | | |
| 96 | 100 | Cemented Sand w/Clay & Sand Strks. | | | |
| 100 | 104 | Clay & Caliche w/Sand Strks. | | | |
| 104 | 107 | Sandy Clay w/Caliche Strks. | | | |
| 107 | 125 | Cemented Sand, Sand Strks, & Clay & Caliche | | | |

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) 9-16-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 9-17-93 under the business name of Woofter Pump & Well, Inc. by (signature) *Jay C. Woofter*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC 1/4 1/4 1/4