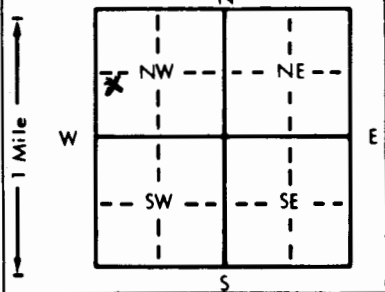


1 LOCATION OF WATER WELL: County: Ellis Fraction: NW 1/4 SW 1/4 NW 1/4 Section Number: 28 Township Number: T 13 S Range Number: R 18 E/W

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

2 WATER WELL OWNER: Don Rack  
 RR#, St. Address, Box #: 506 West 37th  
 City, State, ZIP Code: Harp, KS  
 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: 47 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. 31 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: 33 ft. below land surface measured on mo/day/yr 3/24/85  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 10 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter: 10 1/4 in. to 47 in. to ..... in. to ..... 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 Lawn and garden only 10 Observation 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

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 X Clamped .....  
 Welded .....  
 Threaded .....  
 Blank casing diameter 5.56 in. to 32 in. Dia ..... in. to ..... in. to ..... ft. Dia ..... in. to ..... ft.  
 Casing height above land surface 12 inches in. weight ..... lbs./ft. Wall thickness or gauge No. SDR-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 6 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) .....  
 SCREEN-PERFORATED INTERVALS: From 47 ft. to 32 ft. From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft. From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 47 ft. to 20 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 10 ft. to 0 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)  
 13 Insecticide storage  
 Direction from well? East How many feet? 50

| FROM | TO | LITHOLOGIC LOG                       | FROM | TO | LITHOLOGIC LOG |
|------|----|--------------------------------------|------|----|----------------|
| 0    | 6  | Top soil                             |      |    |                |
| 6    | 33 | heavy clay w/ limestone gravel mixed |      |    |                |
| 33   | 38 | fine sand mixed with clay            |      |    |                |
| 38   | 44 | fine to medium sand                  |      |    |                |
| 44   | 47 | shale                                |      |    |                |

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) 3/24/85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 455 This Water Well Record was completed on (mo/day/yr) 4/19/85 under the business name of Travis Pump Supply by (signature) James Becker

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.