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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|----------------|--|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                       |  | Fraction             |  | Section Number |  | Township Number |  | Range Number |  |
| County: Saline                                                                                                                                                                                                                                                                                                                                                  |  | NW 1/4 SW 1/4 SW 1/4 |  | 24             |  | T 14 S          |  | R 3 W E/W    |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                 |  |                      |  |                |  |                 |  |              |  |
| 125' N of the NE corner of 9th/Kirwin Ave                                                                                                                                                                                                                                                                                                                       |  |                      |  |                |  |                 |  |              |  |
| 2 WATER WELL OWNER: Payne Oil Co.                                                                                                                                                                                                                                                                                                                               |  |                      |  |                |  |                 |  |              |  |
| RR#, St. Address, Box #: P.O. Box 671                                                                                                                                                                                                                                                                                                                           |  |                      |  |                |  |                 |  |              |  |
| City, State, ZIP Code: Salina, Kansas 67402                                                                                                                                                                                                                                                                                                                     |  |                      |  |                |  |                 |  |              |  |
| 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: 35 ft. ELEVATION: 1234                                                                                                                                                                                                                                                                                                               |  |                      |  |                |  |                 |  |              |  |
| Depth(s) Groundwater Encountered 1. 27.9 ft. 2. 3. 1234 ft.                                                                                                                                                                                                                                                                                                     |  |                      |  |                |  |                 |  |              |  |
| WELL'S STATIC WATER LEVEL 1261.9 ft. below land surface measured on mo/day/yr 3/15/95                                                                                                                                                                                                                                                                           |  |                      |  |                |  |                 |  |              |  |
| Pump test data: Well water was ft. after hours pumping gpm                                                                                                                                                                                                                                                                                                      |  |                      |  |                |  |                 |  |              |  |
| Est. Yield NA gpm: Well water was ft. after hours pumping gpm                                                                                                                                                                                                                                                                                                   |  |                      |  |                |  |                 |  |              |  |
| Bore Hole Diameter 8 in. to 35 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 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                                                                                                                                                                                                                                                                                                    |  |                      |  |                |  |                 |  |              |  |
| 7 Fiberglass Threaded X                                                                                                                                                                                                                                                                                                                                         |  |                      |  |                |  |                 |  |              |  |
| Blank casing diameter 2 in. to 20 ft. Dia in. to ft. Dia in. to ft.                                                                                                                                                                                                                                                                                             |  |                      |  |                |  |                 |  |              |  |
| Casing height above land surface 0 in. weight lbs./ft. Wall thickness or gauge No. Sch. 40                                                                                                                                                                                                                                                                      |  |                      |  |                |  |                 |  |              |  |
| 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)                                                                                                                                                                                                                                                                                        |  |                      |  |                |  |                 |  |              |  |
| 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 9 Drilled holes                                                                                                                                                                                                                                                                                                 |  |                      |  |                |  |                 |  |              |  |
| 7 Torch cut 10 Other (specify)                                                                                                                                                                                                                                                                                                                                  |  |                      |  |                |  |                 |  |              |  |
| SCREEN-PERFORATED INTERVALS: From 20 ft. to 35 ft. From ft. to ft.                                                                                                                                                                                                                                                                                              |  |                      |  |                |  |                 |  |              |  |
| From ft. to ft. From ft. to ft.                                                                                                                                                                                                                                                                                                                                 |  |                      |  |                |  |                 |  |              |  |
| GRAVEL PACK INTERVALS: From 18 ft. to 35 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 0 ft. to 16 ft. From 16 ft. to 18 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 UST Basin                                                                                                                                                                                                                                                                                                                                |  |                      |  |                |  |                 |  |              |  |
| Direction from well? SE How many feet? 120                                                                                                                                                                                                                                                                                                                      |  |                      |  |                |  |                 |  |              |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                               |  |                      |  |                |  |                 |  |              |  |
| 0 0.5 Concrete, MW2                                                                                                                                                                                                                                                                                                                                             |  |                      |  |                |  |                 |  |              |  |
| 0.5 3 Clay, Dark Brown GeoCore # 108 Flush-mount Cover                                                                                                                                                                                                                                                                                                          |  |                      |  |                |  |                 |  |              |  |
| 3 7 Clay, Light Brown, Slight Orange Tint KDHE # 05085862 Tag # 118154                                                                                                                                                                                                                                                                                          |  |                      |  |                |  |                 |  |              |  |
| 7 14 Clay, Light Brown, Slight Orange Tint                                                                                                                                                                                                                                                                                                                      |  |                      |  |                |  |                 |  |              |  |
| 14 16 Silt, Light Gray-Brown                                                                                                                                                                                                                                                                                                                                    |  |                      |  |                |  |                 |  |              |  |
| 16 20 Clay, Medium gray                                                                                                                                                                                                                                                                                                                                         |  |                      |  |                |  |                 |  |              |  |
| 20 33 Clay, Bright Orange-Brown                                                                                                                                                                                                                                                                                                                                 |  |                      |  |                |  |                 |  |              |  |
| 33 35 Sand, Light Brown                                                                                                                                                                                                                                                                                                                                         |  |                      |  |                |  |                 |  |              |  |
| 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) 3/15/95 and this record is true to the best of my knowledge and belief. Kansas                                                                                                       |  |                      |  |                |  |                 |  |              |  |
| Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 3/15/95                                                                                                                                                                                                                                                             |  |                      |  |                |  |                 |  |              |  |
| under the business name of GeoCore Services, Inc. by (signature) Del Rell                                                                                                                                                                                                                                                                                       |  |                      |  |                |  |                 |  |              |  |
| 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. |  |                      |  |                |  |                 |  |              |  |