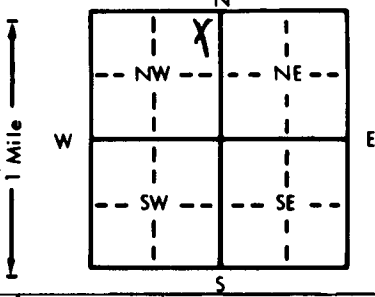


1 LOCATION OF WATER WELL: Fraction ne 1/4 ne 1/4 nw 1/4 Section Number 33 Township Number T 15 S Range Number R 19 E/W  
 County: Ellis  
 Distance and direction from nearest town or city street address of well if located within city?

5 1/2 west of Schoenchen 1/8 south

2 WATER WELL OWNER: Al Werth Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: McCracken, Ks. 67556 Application Number:  
 City, State, ZIP Code:

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 149 ft. below land surface measured on mo/day/yr  
 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: 1.0 in. to 240 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 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 hth No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued x Clamped  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  
 2 PVC 4 ABS 7 Fiberglass Threaded

Blank casing diameter 5 in. to 200 ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.  
 Casing height above land surface 12 in., weight .... lbs./ft. Wall thickness or gauge No. 258

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)

SCREEN-PERFORATED INTERVALS: From 200 ft. to 240 ft., From .... ft. to .... ft.  
 From .... ft. to .... ft., From .... ft. to .... ft.  
 GRAVEL PACK INTERVALS: From 10 ft. to 240 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 10 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? west How many feet? 122

| FROM | TO  | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|-----|----------------|------|----|----------------|
| 0    | 5   | Dark top soil  |      |    |                |
| 5    | 27  | Tan clay       |      |    |                |
| 27   | 29  | Sand stone     |      |    |                |
| 29   | 211 | shale          |      |    |                |
| 211  | 240 | Sand stone     |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |
|      |     |                |      |    |                |

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) 8-27-84 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 13.4 This Water Well Record was completed on (mo/day/yr) 12-4-84 under the business name of Rosenkrantz-Bemis by (signature) Lora Dedson

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.