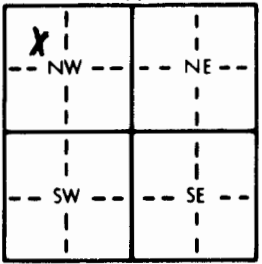


1 LOCATION OF WATER WELL: County: Wichita Fraction 1/4 1/4 NW 1/4 Section Number 29 Township Number T 16 S Range Number R 37 **EM**

Distance and direction from nearest town or city street address of well if located within city?  
11 Miles North, 3-1/2 Miles West of Leoti

2 WATER WELL OWNER: Richard Hobson  
 RR#, St. Address, Box # : Leoti, KS 67861  
 City, State, ZIP Code :  
 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: 128' ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 119' ft. below land surface measured on mo/day/yr 06/12/90  
 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 .... in. to .... ft., and .... in. to .... ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic  2 Irrigation  3 Feedlot  4 Industrial   
 5 Public water supply  6 Oil field water supply  7 Lawn and garden only  8 Air conditioning  9 Dewatering  10 Monitoring well  11 Injection well  12 Other (Specify below)   
 Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes X No

5 TYPE OF 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)   
 Blank casing diameter 18" in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.  
 Casing height above land surface 3' Below in., weight .... lbs./ft. Wall thickness or gauge No. ....  
 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  10 Other (specify)  11 None (open hole)   
 SCREEN-PERFORATED INTERVALS: From .... ft. to .... ft., From .... ft. to .... ft., From .... ft. to .... ft.  
 GRAVEL PACK INTERVALS: 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 115' ft. to 118' ft., From 13' ft. to 3' 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?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			128'	119'	Chlorinated Sand & Gravel
			119'	116'	Bentonite Plug
			116'	13'	Compacted Inorganic Clays
			13'	3'	Bentonite Plug
			3'	0'	Top Soil

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) 06/12/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 514 This Water Well Record was completed on (mo/day/yr) 08/03/90 under the business name of Miller Gearhead & Pump Repair, Inc. by (signature) Ernest Miller

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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SEC.