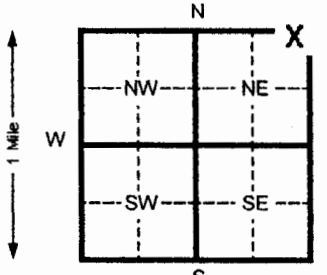


Revised

1 LOCATION OF WATER WELL: Fraction **NE 1/4 NE 1/4 NE 1/4** Section Number **29** Township Number **T 16 S** Range Number **R 40w EW**
 County: **Greeley**
 Distance and direction from nearest town or city street address of well if located within city?
Hwy 96 & KS Hwy 27, Tribune, KS

2 WATER WELL OWNER: **United Plains Ag**
 RR#, St. Address, Box #: **PO Box 20** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Sharon Springs, KS 67758** Application Number:

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


4 DEPTH OF COMPLETED WELL **105** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **91.65** 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 **120** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 **4.5** in. to **75** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **0** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **244**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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:
 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 **80** ft. to **105** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **78** ft. to **105** 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 **78** 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 **None**
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Cement	95	100	Caliche w/ Traces of Clay & Sand Stk
.5	5		Fill Sand	100	105	Sandstone w/ Sand
5	14		Silt	105	125	Yellow Ochre w/ Sand Strks
14	20		Silt w/ Clay & Caliche			
20	33		Sandstone w/ Caliche			
33	42		Fine Sand & Sandstone w/ Caliche & Clay			
42	58		Fine to Med Sand & Big Gravel w/ Clay & Caliche Lens			
58	66		Caliche w/ Sand			
66	74		Fine to Med Sand w/ Trace of Caliche			
74	95		Fine to Med Sand w/ Clay & Caliche Strks			

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/yr) **01-28-08** 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) **4-16-08** under the business name of **Woofter Pump & Well Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T R

SEC

CORRECTED