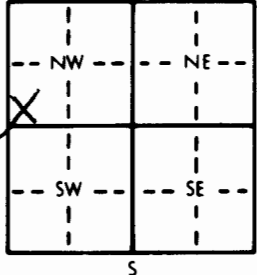


1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 NW 1/4 Section Number 23 Township Number T 17 S Range Number R 36 E/W
 County: Wichita
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Rd m farms stennart marvel Hopkins
 RR#, St. Address, Box #: Rt 1 Box 102 804 Crescent Dr Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Marionethal, KS 67863 Scott City, KS 67871 Application Number: 6844-A

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  **4 DEPTH OF COMPLETED WELL:** 213 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 172 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 28 in. to 213 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: 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 16 in. to 173 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight 16.15 lbs./ft. Wall thickness or gauge No. 500
 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 173 ft. to 213 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 213 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 20 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) None
 13 Insecticide storage
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	surface	92	95	cemented sand w/med sd strks
3	20	loess	95	102	sndy cly w/med sd & cem.sd. strks
20	33	clay & caliche	102	104	med sand w/layer of clay
33	40	caliche cement strks & sad sts & clay	104	108	med sd & gra w/few cly & ceme. strks
40	42 1/2	hard caliche	108	120	sandy sly & cl w/some cement
42 1/2	55	caliche & cemented sand	120	126	cemeted sd/wclay & some sand
55	58	caliche cemented sand & some Med sd	126	128	fine to med sand w/clay
58	68	cemented snd w/clay & Med sand strks	128	133	hd cemented sandw/clay
68	72	med sand & grav w/fine cly leneses	fairly loose		
72	74	cly w/few snd strks & some Joint cly	133	142	cemented sand w/clay
74	75	cemented sandw/clay & med snd strks	142	146	sandy cly w/cemented strks
75	80	sandy cly cemented sand & some snd	146	148	semi tight med sand w/clay
80	86	soft sandstone w/med sand & clay	148	156	cemented sand w/clay strks
86	90	sandy clay w/some joint clay	156	160	med sand w/clay w/cemented strks
90	92	sandy clay	160	170	med sand w/a lot of clay (cont)

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) 10-15-98 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) 10-21-98
 under the business name of Woolper Pump & Well, Inc by signature Amy C. Woolper

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.

OFFICE USE ONLY T R E/W SEC. 1/4 1/4 1/4

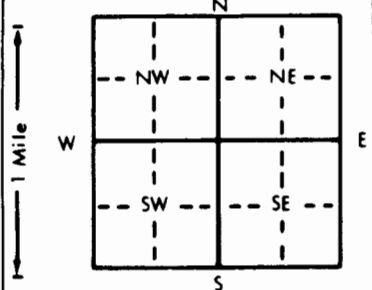
1 LOCATION OF WATER WELL: County: <u>Wichita</u>	Fraction: <u>SW 1/4 SW 1/4 NW 1/4</u>	Section Number: <u>23</u>	Township Number: <u>T 17 S</u>	Range Number: <u>R 36 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Ram Farms (cont)

RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
City, State, ZIP Code : _____ Application Number: _____

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



4 DEPTH OF COMPLETED WELL _____ ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL _____ 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 _____ in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	6 Oil field water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	9 Dewatering	12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No _____

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 _____

Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____

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:

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 _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From _____ ft. to _____ 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
170	181	med sand & gr w/clay strks			
181	184	med sand & gr. w/clay strks			
184	191 1/2	fairly loose med sd & gra w/fine cly lenses loose			
191 1/2	192	cemented sand			
192	196	med sand & gra w/clay lenes fairly loose			
196	197	sandy cly			
197	203	med sand & gravel w/clay lenses			
203	208	med sand & gra w/rocks & clay lenses loose			
208	213	sandy clay			

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) 10-15-98 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) 10-21-98 under the business name of Woofter Pumps Well, Inc by (signature) [Signature]