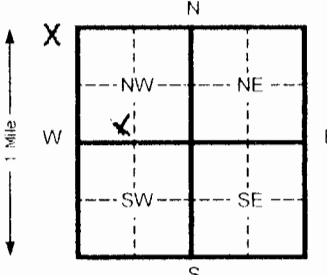


1 LOCATION OF WATER WELL: Fraction **SE 1/4 SW 1/4 NW 1/4** Section Number **34** Township Number **T 17 S** Range Number **R 36 EW**
 County: **Wichita**
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Kent McKinney Tr & Donna McKinney Trust**
 RR#, St. Address, Box #: **Box 101** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Leoti, Ks 67861** Application Number: **3815**

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

 4 DEPTH OF COMPLETED WELL: **206** ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1 _____ ft 2 _____ ft 3 _____ ft
 WELL'S STATIC WATER LEVEL: **168** 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: **20** in. to **210** 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 **X** No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing diameter: **10** in. to **166** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: **24** in. weight: **7.80** lbs/ft Wall thickness or gauge No: **.365**
 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)
 9 ABS 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 **166** ft. to **206** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **206** 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)
 13 Insecticide storage **Old well**
 Direction from well? **south** How many feet? **1200**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	148	162	Clay
2	13		Loess	162	167	Fine sand w/sandy clay strk
13	25		Clay	167	173	Clay
25	32		Caliche & clay	173	185	Clay w/a few fine sand strk
32	40		Clay, caliche & sandstone strk	185	190	Fine sand w/clay strk
40	47		Fine to med sd w/lots of clay	190	193	Fine to some med sand
47	53		Caliche & cemented sd	193	199	Fine to med sd w/some grave w/clay
53	65		Sandstone w/clay & caliche			Lens
65	80		Clay w/sandstone & caliche strk	199	206	Yellow ochre
80	86		Clay w/sandstone strk	206		Black shale
86	93		Sandstone			
93	104		Sandstone w/clay strk			
104	135		Sandstone w/clay & caliche strk			
135	148		Fine to some med sd			

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) **5-20-08** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **6-25-08**
 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.