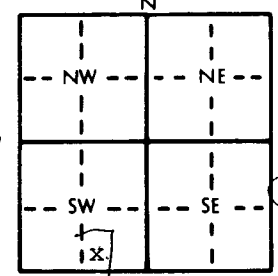


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Ellsworth SW 1/4 SE 1/4 SW 1/4 12 T 17 S R 6 **E/W**

Distance and direction from nearest town or city street address of well if located within city?
 N/A

2 WATER WELL OWNER: William L. Hughes
 RR#, St. Address, Box # : Rt. 1 Box 33 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Marquette, KS 67464 Application Number:

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

 4 DEPTH OF COMPLETED WELL: 18 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. --- ft. 2. --- ft. 3. --- ft.
 WELL'S STATIC WATER LEVEL: Dry ft. below land surface measured on mo/day/yr 2-2-95
 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 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 Sandstone Rock Threaded
 Blank casing diameter 36 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 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 7 Torch cut 9 Drilled holes 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)
 Fertilizers & Pesticides
 Direction from well? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|----------------|------|----|--------------------|
| 18 | 5 | Subsoil Clays | | | |
| 5 | 4.5 | Bentonite | | | |
| 4.5 | 0 | Topsoil | | | |
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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) 2-6-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. --- This Water Well Record was completed on (mo/day/year) 2-7-95 under the business name of Ellsworth County Water Quality coordinator (signature) Bradley D. Kruter

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