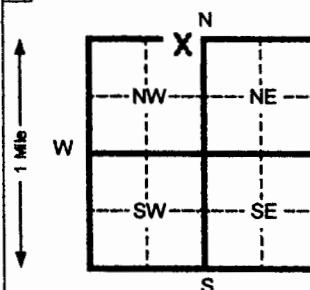


1 LOCATION OF WATER WELL: County: Wichita	Fraction NE 1/4 NW 1/4 NW 1/4	Section Number 18	Township Number T 18 S	Range Number R 37 EW
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Raymond E. Jaeger**RR#, St. Address, Box #: **P. O. Box 590**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Leoti, Ks 67861**Application Number: **7348**3 LOCATE WELL'S LOCATON WITH
AN "X" IN SECTION BOX:4 DEPTH OF COMPLETED WELL **199** ft. ELEVATION:Depth(s) Groundwater Encountered **1** ft. 2 ft. 3 ft.WELL'S STATIC WATER LEVEL **164** 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

E Bore Hole Diameter **28** in. to **199** 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 submittedWater Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)
2 PVC 4 ABS

5 Wrought Iron 8 Concrete tile

CASING JOINTS: Glued **X** Clamped

6 Asbestos-Cement 9 Other (specify below)

Welded
ThreadedBlank casing diameter **16** in. to **159** 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:

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)
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 **159** ft. to **199** ft. From ft. to ft.

From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS: From **20** ft. to **199** 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

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	7		Loess			
7	25		Fine sand w/caliche strks			
25	43		Clay & caliche w/sandstone			
			Lens			
43	55		Clay & caliche w/fine sand strks			
55	66		Clay w/caliche strks			
66	83		Fine to med sand w/clay lens			
83	100		Sandy clay			
100	180		Fine to med sand w/clay lens			
180	193		Fine to med sand, some small			
			Gravel			
193	199		Yellow/black shale			

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) **7-10-06** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **8-9-06**under the business name of **Woofter Pump & Well Inc.** by (signature) *Woofter Pump & Well Inc.*

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: 913-266-5545. Send one to WATER WELL OWNER and retain one for your records.