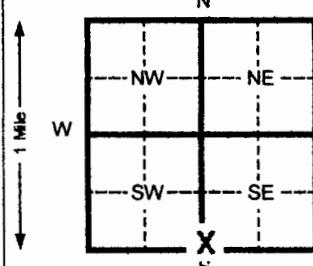


1 LOCATION OF WATER WELL: County: Wichita	Fraction SW 1/4 SW 1/4 SE 1/4	Section Number 18	Township Number T 18 S	Range Number R 37 E
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Whitcrop Farms**RR#, St. Address, Box #: **RR2, Box 200**
City, State, ZIP Code: **Leoti, Ks 67861**Board of Agriculture, Division of Water Resources
Application Number:3 LOCATE WELL'S LOCATON WITH
AN "X" IN SECTION BOX:4 DEPTH OF COMPLETED WELL **160** ft. ELEVATION:Depth(s) Groundwater Encountered **1** ft. 2 ft. 3 ft.WELL'S STATIC WATER LEVEL **na** 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 gpmBore Hole Diameter **8** in. to **162** ft. and in. to ft.WELL WATER TO BE USED AS: **5** Public water supply **8** Air conditioning **11** Injection well1 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 wellWas 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** ABS5 Wrought Iron **8** Concrete tile
6 Asbestos-Cement **9** Other (specify below)
7 FiberglassCASING JOINTS: Glued **X** ClampedWelded
ThreadedBlank casing diameter **4.5** in. to **140** ft. Dia in. to ft. Dia in. to ft.Casing height above land surface **18** in. weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel **3** Stainless steel
2 Brass **4** Galvanized steel5 Fiberglass **8** RMP (SR)
6 Concrete tile **9** ABS10 Asbestos-cement
11 Other (specify)
12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot **3** Mill slot
2 Louvered shutter **4** Key punched5 Gauzed wrapped **8** Saw cut
6 Wire wrapped **9** Drilled holes
7 Torch cut **10** Other (specify)SCREEN-PERFORATED INTERVALS: From **140** ft. to **160** ft. From ft. to ft.

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

GRAVEL PACK INTERVALS: From **20** ft. to **160** 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** OtherGrout 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			Caliche strks
2	15		Loess	105	113	Fine to med sand w/clay strks
15	30		Clay w/caliche strks & sand strk	113	120	Clay w/caliche strks & sand strks
30	45		Clay w/caliche strks & sand strk	120	135	Med sand w/clay lenses
45	55		Fine to med sand w/clay & Caliche strks	135	150	Med sand w/some small gravel & clay lenses
55	60		Clay w/caliche strks	150	157	Med sand w/some small gravel &
60	70		Clay w/caliche strks			Clay lenses
70	75		Med sand w/clay lenses	157	162	Yellow ochre
75	81		Fine to med sand w/clay lenses			
81	90		Fine to med sd w/clay & caliche Strks			
90	95		Fine to med sd w/clay lenses			
95	105		Fine to med sand w/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/yr) **7-31-06** 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) **9-1-06**under the business name of **Woofter Pump & Well Inc.** by (signature) *Say C. Woofter Jr.*

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.