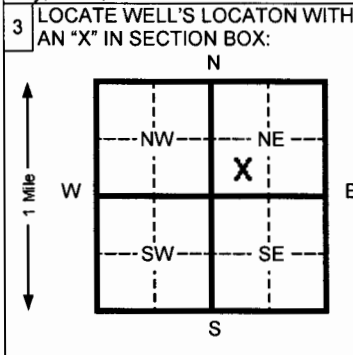


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Republic	SE ¼ SW ¼ NE ¼	36	T 1 S	R 5 E/W

Distance and direction from nearest town or city street address of well if located within city?
SW of Broadway & Republic Ave, Republic, KS. Latitude N 39.92319° Longitude W 97.82641°

2 WATER WELL OWNER: **United Agri Products, Inc.**
 RR#, St. Address, Box # : **7251 West 4th Street**
 City, State, ZIP Code : **Greeley, CO 80634**
 Board of Agriculture, Division of Water Resources
 Application Number: **Not Applicable**



4 DEPTH OF COMPLETED WELL **20** ft. ELEVATION: **Unknown**

Depth(s) Groundwater Encountered 1 **11** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **Unk.** 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 **8** in. to **20** 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 _____ 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		Threaded

Blank casing diameter **2** in. to **9.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **approx. 40** in., weight **0.682** lbs./ft. Wall thickness or gauge No. **0.1875 in.**

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:

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 **9.5** ft. to **20** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **7.5** ft. to **20** ft. From _____ ft. to _____ ft.

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

Grout Intervals From **0** ft. to **7.5** 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? **north** How many feet? **approximately 10 feet**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	17	Silty sand and gravel			
0.5	5	07	Brown to tan, silty, fine sand			
5	8	02	Dark brown silt, some fine sand			
8	11	07	Brown, silty, fine sand			
11	15	02	Brown silt, some fine sand			
15	20	05	Fine to medium sand, some silt			

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) **12/5/07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **616** This Water Well Record was completed on (mo/day/yr) **1/10/08** under the business name of **Thiele Geotech, Inc.** by (signature) *D. Jal*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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

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