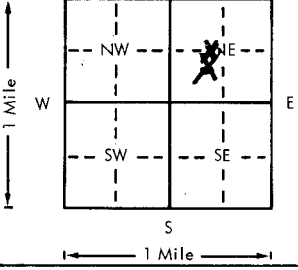


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

| 1. Location of well: <b>STAFFORD</b>   |           | County: <b>STAFFORD</b> | Fraction: <b>C 1/4 E 1/4 W 1/4 NE</b> | Section number: <b>1</b>  | Township number: <b>21</b> | Range number: <b>S R 41</b> |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|--|-----------|-------------------------|---------------------------------------|---|----------------------------|-----------------------------|------------------|----------|-----------|-------------|-----------|-----------|------------------|-----------|-----------|---------------|-----------|-----------|--|--|--|
| 2. Distance and direction from nearest town or city: <b>South To STAFFORD CO line</b>  |           |                         |                                       | 3. Owner of well: <b>Emphasis Delq. Co</b>  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| Street address of well location if in city: <b>SOOTH LEAST 1/2 SOOTH</b>   |           |                         |                                       | R.R. or street: <b>Box 506</b>  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| 4. Locate with <input checked="" type="checkbox"/> in section below:   |           |                         |                                       | 6. Bore hole dia. <b>9</b> in. Completion date: <b>10-24-78</b>   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| Sketch map:    |           |                         |                                       | Well depth: <b>80</b> ft.   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| 5. Type and color of material  |           |                         |                                       | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><b>Fine Sand</b></td> <td><b>0</b></td> <td><b>18</b></td> </tr> <tr> <td><b>CLAY</b></td> <td><b>18</b></td> <td><b>35</b></td> </tr> <tr> <td><b>Fine Sand</b></td> <td><b>35</b></td> <td><b>50</b></td> </tr> <tr> <td><b>GRAVEL</b></td> <td><b>50</b></td> <td><b>80</b></td> </tr> </tbody> </table> |           |                         |                                       |   | From                       | To                          | <b>Fine Sand</b> | <b>0</b> | <b>18</b> | <b>CLAY</b> | <b>18</b> | <b>35</b> | <b>Fine Sand</b> | <b>35</b> | <b>50</b> | <b>GRAVEL</b> | <b>50</b> | <b>80</b> | <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary |  |  |
|  |           |                         |                                       |   | From                       | To                          |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| <b>Fine Sand</b>   | <b>0</b>  | <b>18</b>               |                                       |   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| <b>CLAY</b>  | <b>18</b> | <b>35</b>               |                                       |   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| <b>Fine Sand</b>   | <b>35</b> | <b>50</b>               |                                       |   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| <b>GRAVEL</b>  | <b>50</b> | <b>80</b>               |                                       |   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 9. Casing: Material <b>PVC</b> Height: Above or below Threading: <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight: <b>278-3</b> lbs./ft. Dia. <b>5</b> in. to <b>80</b> ft. depth Wall Thickness: inches or Dia. in. to ft. depth <b>1/8</b> gage No. <b>200, 265</b> |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 10. Screen: Manufacturer's name <b>Caseless</b>   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Type <b>Saw</b> Dia. <b>5</b>   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Slot/gauze <b>1/8</b> Length <b>30</b>  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Set between <b>80</b> ft. and <b>60</b> ft.   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8</b>   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 11. Static water level: <b>25</b> ft. below land surface Date <b>10-24-78</b>   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m.  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Estimated maximum yield _____ g.p.m.  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type <b>fuel</b>  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | 17. Pump: <input checked="" type="checkbox"/> Not installed   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Manufacturer's name _____   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Model number _____ HP _____ Volts _____   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Length of drop pipe _____ ft. capacity _____ g.p.m.   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| (Use a second sheet if needed)   |           |                         |                                       |   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| 18. Elevation:   |           | 19. Remarks:            |                                       | 20. Water well contractor's certification:  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley  |           |                         |                                       | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | <b>Myers Water Well 143</b>   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Business name: <b>GREAT Bend KS</b> License No. _____   |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Address: <b>Clayton Rosendahl</b> Date: <b>10-24</b>  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |
|  |           |                         |                                       | Signature: _____ authorized representative  |                            |                             |                  |          |           |             |           |           |                  |           |           |               |           |           |  |  |  |

T 21  
R 11  
E 7  
Sec 1/4 1/4 1/4