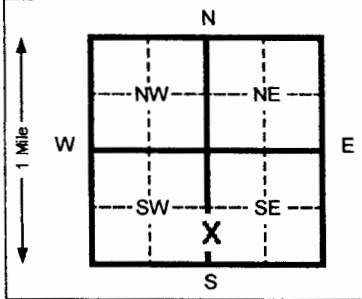
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. DW-4

1 LOCATION OF WATER WELL: County: Harvey | Fraction: ¼ NC ¼ S ½ | Section Number: 9 | Township Number: T 22 S | Range Number: R 1 E W

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

2 WATER WELL OWNER: Agro Corporation, Inc.
RR#, St. Address, Box # : 420 W. Lincoln Boulevard
City, State, ZIP Code : Heston, Ks
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 29 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 ____ gpm

Bore Hole Diameter 4.25 in. to 29 ft. and ____ in. to ____ ft.

WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 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: (2) PVC | 1 Steel | 3 RMP (SR) | 4 ABS | 5 Wrought Iron | 6 Asbestos-Cement | 7 Fiberglass | 8 Concrete tile | 9 Other (specify below) ____

CASING JOINTS: Glued ____ Clamped ____ Welded ____ Threaded X

Blank casing diameter 2 in. to 19 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.

Casing height above land surface 0 in., weight .716 lbs./ft. Wall thickness or gauge No. .154

TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC | 1 Steel | 2 Brass | 3 Stainless steel | 4 Galvanized steel | 5 Fiberglass | 6 Concrete tile | 8 RMP (SR) | 9 ABS | 10 Asbestos-cement | 11 Other (specify) ____ | 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot | 2 Louvered shutter | 3 Mill slot | 4 Key punched | 5 Gauzed wrapped | 6 Wire wrapped | 7 Torch cut | (8) Saw cut | 9 Drilled holes | 10 Other (specify) ____ | 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 19 ft. to 29 ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.

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

GRAVEL PACK INTERVALS: From 18 ft. to 29 ft. From ____ ft. to ____ ft. From ____ ft. to ____ 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 18 ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.

What is the nearest source of possible contamination:
1 Septic tank | 2 Sewer lines | 3 Watertight sewer lines | 4 Lateral lines | 5 Cess pool | 6 Seepage pit | 7 Pit privy | 8 Sewage lagoon | 9 Feedyard | 10 Livestock pens | 11 Fuel storage | 12 Fertilizer storage | 13 Insecticide storage | 14 Abandoned water well | 15 Oil well/ Gas well | (16) Other (specify below) Contaminated site

Direction from well? ____ How many feet? ____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.5		Cement to base rock			
1.5	2.5		Clay, few small gravel			
2.5	5		Clay, less small gravel			
5	7.5		Clay as above			
7.5	10		Clay, w/some sd & silt			
10	12.5		Clay as above			
12.5	15		Clay as above			
15	17.5		Silty sand w/clay, few gravel			
			Sized rock, Med grained			
17.5	20		Clay			
20	25		Shale, very hard			
25	29		Shale as above, hard refusal			
			At 29			

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) 12-01-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 2-10-05 under the business name of Woofter Pump & Well Inc. by (signature) Jay G Woofter

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.

OFFICE USE ONLY T R SEC