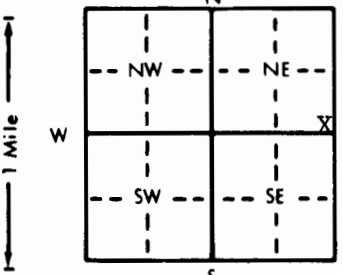


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                  |                             |                                                |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------|----------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>Stafford</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Fraction<br><b>SE 1/4 SE 1/4 NE 1/4</b>                                                          | Section Number<br><b>30</b> | Township Number<br><b>T 22 S</b>               | Range Number<br><b>R 12W E/W</b> |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>1 W of Hudson, Kansas</b>                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                  |                             |                                                |                                  |
| 2 WATER WELL OWNER: <b>Norman T. Witt Sterling Drilling Co. Norman Witt 1-30</b><br>RR#, St. Address, Box #: <b>P.O. Box 87 P.O. Box 1006</b><br>City, State, ZIP Code: <b>Hudson, Ks. 67545 Pratt, Kansas 67124</b><br>Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                            |    |                                                                                                  |                             |                                                |                                  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 4 DEPTH OF COMPLETED WELL: <b>108</b> ft. ELEVATION:                                             |                             |                                                |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |    | Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.                             |                             |                                                |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | WELL'S STATIC WATER LEVEL <b>20</b> ft. below land surface measured on mo/day/yr <b>10/17/96</b> |                             |                                                |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | 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 .... in. to .... ft., and .... in. to .... ft.                                                                                                                                                                                                                                                                                                                                                                                                                           |    | WELL WATER <del>TO BE</del> USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  |                             |                                                |                                  |
| 1 Domestic WAS 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                                                                                                                                                                                                     |    | 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well                              |                             |                                                |                                  |
| Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                  |                             |                                                |                                  |
| Water Well Disinfected? Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                  |                             |                                                |                                  |
| 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 ....                                    |                                  |
| Blank casing diameter .... in. to .... ft., Dia                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | 7 Fiberglass                                                                                     |                             | Threaded ....                                  |                                  |
| Casing height above land surface <b>3 ft. below</b> in., weight .... lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                  |                             |                                                |                                  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                  |                             |                                                |                                  |
| 1 Steel 3 Stainless steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | 5 Fiberglass 8 RMP (SR)                                                                          |                             | 10 Asbestos-cement                             |                                  |
| 2 Brass 4 Galvanized steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | 6 Concrete tile 9 ABS                                                                            |                             | 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 <b>20</b> ft. to <b>40</b> ft., From .... ft. to .... ft.                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                  |                             |                                                |                                  |
| From .... ft. to .... ft., From .... ft. to .... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                  |                             |                                                |                                  |
| GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>93</b> 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 .... ft. to .... 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? How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                  |                             |                                                |                                  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO | LITHOLOGIC LOG                                                                                   | FROM                        | TO                                             | PLUGGING INTERVALS               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                  | 108                         | 20                                             | Sand and gravel                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                  | 20                          | 3                                              | Bentonite                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                  | 3                           | 0                                              | Top soil                         |
| 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/year) <b>10/17/96</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>186</b> This Water Well Record was completed on (mo/day/yr) <b>10/21/96</b> under the business name of <b>Kelly's Water Well Service, Inc.</b> by (signature) <i>Norman Witt</i> |    |                                                                                                  |                             |                                                |                                  |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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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