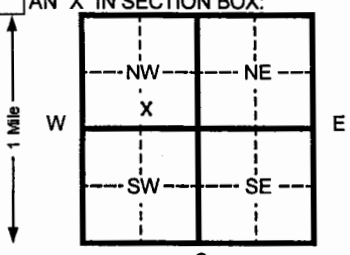


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number																																																																							
County: Reno		SW ¼	SE ¼	NW ¼	13	T 23	S	R 06																																																																						
Distance and direction from nearest town or city street address of well if located within city? 118 W. Ave. A, Hutchinson, Ks – In front of Radiator Service																																																																														
2 WATER WELL OWNER: Coastal Mart, Inc.																																																																														
RR#, St. Address, Box # : 2 North Nevada					Board of Agriculture, Division of Water Resources																																																																									
City, State, ZIP Code : Colorado Springs, CO 80903					Application Number:																																																																									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 18 ft. ELEVATION:																																																																												
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 10.26 ft. below land surface measured on mo/day/yr 5/18/06 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 8.25 in. to 18 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 _____ Flush _____																																																																														
Blank casing diameter 2 in. to 5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface Flush in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40																																																																														
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																														
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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____																																																																														
SCREEN-PERFORATED INTERVALS: From 5 ft. to 18 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 3 ft. to 18 ft. From _____ ft. to _____ ft.																																																																														
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																																														
Grout Intervals From 1 ft. to 3 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 12 Fertilizer storage 15 Oil well/ Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____																																																																														
Direction from well? West How many feet? 200 ft.																																																																														
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>CODE</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>1</td><td></td><td>Gravel</td><td></td><td></td><td></td></tr><tr><td>1</td><td>6</td><td></td><td>Clayey Sand, slightly moist, black, poorly sorted, no odor</td><td></td><td></td><td></td></tr><tr><td>9</td><td>11</td><td></td><td>Sand, tan to gray, very poorly sorted, water @ 10.25, some gravel up to 30mm, odor</td><td></td><td></td><td></td></tr><tr><td>14</td><td>16</td><td></td><td>Very coarse sand to gravel, gray, saturated, odor</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>									FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1		Gravel				1	6		Clayey Sand, slightly moist, black, poorly sorted, no odor				9	11		Sand, tan to gray, very poorly sorted, water @ 10.25, some gravel up to 30mm, odor				14	16		Very coarse sand to gravel, gray, saturated, odor																																						
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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) 5/17/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 6/27/06 under the business name of Geotechnical Services Inc. by (signature) _____																																																																														
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.																																																																														