

|                                                                                                                                                                                                                                                                                  |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|-----------------|--|---------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                        |  | Fraction       |                                                                                                      | Section Number |                                                   | Township Number |  | Range Number  |  |
| County: <b>Reno</b>                                                                                                                                                                                                                                                              |  | NW ¼ SW ¼ SE ¼ |                                                                                                      | <b>25</b>      |                                                   | T <b>23</b> S   |  | R <b>6</b> EW |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>1/4 mi. N of W end of Wilbeck Dr., So. Hutchinson</b>                                                                                                                      |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 2 WATER WELL OWNER: <b>Kansas Dept. of Health &amp; Environment</b>                                                                                                                                                                                                              |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| RR#, St. Address, Box # : <b>1000 SW Jackson, Suite 410</b>                                                                                                                                                                                                                      |  |                |                                                                                                      |                | Board of Agriculture, Division of Water Resources |                 |  |               |  |
| City, State, ZIP Code : <b>Topeka, Kansas 66612-1367</b>                                                                                                                                                                                                                         |  |                |                                                                                                      |                | Application Number:                               |                 |  |               |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                             |  |                | 4 DEPTH OF COMPLETED WELL ..... <b>15.9</b> ..... ft. ELEVATION: .....                               |                |                                                   |                 |  |               |  |
|                                                                                                                                                                                                                                                                                  |  |                | Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.                                 |                |                                                   |                 |  |               |  |
|                                                                                                                                                                                                                                                                                  |  |                | WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr .....                   |                |                                                   |                 |  |               |  |
|                                                                                                                                                                                                                                                                                  |  |                | Pump test data: Well water was ..... <b>NA</b> ..... ft. after ..... hours pumping ..... gpm         |                |                                                   |                 |  |               |  |
|                                                                                                                                                                                                                                                                                  |  |                | Est. Yield ..... <b>NA</b> ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm   |                |                                                   |                 |  |               |  |
|                                                                                                                                                                                                                                                                                  |  |                | Bore Hole Diameter ..... <b>8</b> ..... in. to ..... <b>16</b> ..... ft., and ..... in. to ..... ft. |                |                                                   |                 |  |               |  |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                                                                                                                                                                             |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                              |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 2 Irrigation 4 Industrial 7 Lawn and garden only <b>10</b> Monitoring well                                                                                                                                                                                                       |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted                                                                                                                           |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| Water Well Disinfected? Yes No <input checked="" type="checkbox"/>                                                                                                                                                                                                               |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                     |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....                                                                                                                                                                                       |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| <b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....                                                                                                                                                                                                        |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 7 Fiberglass ..... Threaded. <input checked="" type="checkbox"/>                                                                                                                                                                                                                 |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| Blank casing diameter ..... <b>2</b> ..... in. to ..... <b>9.9</b> ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.                                                                                                                                             |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| Casing height above land surface ..... <b>30</b> ..... in., weight ..... lbs./ft. Wall thickness or gauge No. .... <b>Sch. 40</b> .....                                                                                                                                          |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL                                                                                                                                                                                                                                           |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 1 Steel 3 Stainless steel 5 Fiberglass <b>7</b> PVC 10 Asbestos-cement                                                                                                                                                                                                           |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) .....                                                                                                                                                                                                   |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 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 ..... <b>9.9</b> ..... ft. to ..... <b>15.9</b> ..... ft., From ..... ft. to ..... ft.                                                                                                                                                         |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                         |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| GRAVEL PACK INTERVALS: From ..... <b>8</b> ..... ft. to ..... <b>16</b> ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                   |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                         |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3</b> Bentonite 4 Other .....                                                                                                                                                                                                  |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| Grout intervals: From ..... <b>2</b> ..... ft. to ..... <b>8</b> ..... 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                                                                                                                                                                                                                                |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 0 2 Clay, silty, moist, no odor, Dark Brown                                                                                                                                                                                                                                      |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 2 7 Clay, moist, sl. odor, Gray-Brown                                                                                                                                                                                                                                            |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 7 9 Silt, moist, mod. odor, Gray-Brown                                                                                                                                                                                                                                           |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 9 12 Sand (vf-m), sl. odor, Gray-Brown                                                                                                                                                                                                                                           |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 12 16 Sand (vf-c), saturated, sl. odor, Brown                                                                                                                                                                                                                                    |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| SW7, Abovegrade                                                                                                                                                                                                                                                                  |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| Project Name: So. Hutchinson Ethanol - TM                                                                                                                                                                                                                                        |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| GeoCore # 1317, #                                                                                                                                                                                                                                                                |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>9/28/2007</b> ..... and this record is true to the best of my knowledge and belief. |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| Kansas Water Well Contractor's License No. .... <b>527</b> ..... This Water Well Record was completed on (mo/day/yr) ..... <b>10/24/07</b> ...                                                                                                                                   |  |                |                                                                                                      |                |                                                   |                 |  |               |  |
| under the business name of <b>GeoCore, Inc.</b> by (signature) <i>[Signature]</i>                                                                                                                                                                                                |  |                |                                                                                                      |                |                                                   |                 |  |               |  |