

WATER WELL RECORD Form WWC-5 KSA 82a-1212

| 1 LOCATION OF WATER WELL:<br>County: <u>Stafford</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>                                                                                                                                                                                                                      |      | Section Number <u>22</u> |                    | Township Number <u>T 24 S</u> |  | Range Number <u>R 15 E 4</u> |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><u>132 East Broadway, Macksville, KS.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 2 WATER WELL OWNER: <u>Kinzie Corp.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | RR#, St. Address, Box #: <u>P.O. Box 464</u>                                                                                                                                                                                                              |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| City, State, ZIP Code: <u>Macksville, Ks. 67557</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | 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: <u>27 1/2'</u> ft. ELEVATION: _____                                                                                                                                                                                            |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | Depth(s) Groundwater Encountered 1. <u>17'</u> ft. 2. _____ ft. 3. _____ ft.                                                                                                                                                                              |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | WELL'S STATIC WATER LEVEL <u>16.74</u> ft. below land surface measured on mo/day/yr <u>6-19-98</u>                                                                                                                                                        |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | 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 <u>8 1/2"</u> in. to <u>27 1/2"</u> ft., and _____ in. to _____ ft.                                                                                                                                                                    |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</u> |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____                                                                                                                       |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | Water Well Disinfected? Yes _____ No <u>(No)</u>                                                                                                                                                                                                          |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 7 Fiberglass _____ Threaded <u>X</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| Blank casing diameter <u>2.375</u> in. to <u>7'</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to SDR <u>13</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| Casing height above land surface <u>Flush Mt.</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SCH 40</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 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 <u>27'</u> ft. to <u>75'</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| GRAVEL PACK INTERVALS: From <u>27'</u> ft. to <u>5'</u> 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 <u>5'</u> ft. to <u>3'</u> ft., From <u>3'</u> ft. to <u>0'</u> 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? <u>west</u> How many feet? <u>40'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>.75</td> <td>Concrete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>.75</td> <td>2.5</td> <td>Dk gray snady clay, moist, no odor, firm, fine grained sand.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.5</td> <td>7.5</td> <td>Lt gray brn silty clay w/ trace of sand, moist, no odor.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7.5</td> <td>12</td> <td>Pale green gray mottled silty clay w/ some sand, moist, firm.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>20</td> <td>Brn-grading to gray silty clayey sand, fine-med, moist, faint odor.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>27.5</td> <td>Lt brn fine-med sand, wet, slight odor.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | .75 | Concrete |  |  |  | .75 | 2.5 | Dk gray snady clay, moist, no odor, firm, fine grained sand. |  |  |  | 2.5 | 7.5 | Lt gray brn silty clay w/ trace of sand, moist, no odor. |  |  |  | 7.5 | 12 | Pale green gray mottled silty clay w/ some sand, moist, firm. |  |  |  | 12 | 20 | Brn-grading to gray silty clayey sand, fine-med, moist, faint odor. |  |  |  | 20 | 27.5 | Lt brn fine-med sand, wet, slight odor. |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO   | LITHOLOGIC LOG                                                                                                                                                                                                                                            | FROM | TO                       | PLUGGING INTERVALS |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | .75  | Concrete                                                                                                                                                                                                                                                  |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| .75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.5  | Dk gray snady clay, moist, no odor, firm, fine grained sand.                                                                                                                                                                                              |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.5  | Lt gray brn silty clay w/ trace of sand, moist, no odor.                                                                                                                                                                                                  |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 7.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12   | Pale green gray mottled silty clay w/ some sand, moist, firm.                                                                                                                                                                                             |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 20   | Brn-grading to gray silty clayey sand, fine-med, moist, faint odor.                                                                                                                                                                                       |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.5 | Lt brn fine-med sand, wet, slight odor.                                                                                                                                                                                                                   |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <u>6-15-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>539</u> This Water Well Record was completed on (mo/day/yr) <u>6-18-98</u> under the business name of <u>JB Environmental Drilling</u> by (signature) <u>James Bieker</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                                                                                           |      |                          |                    |                               |  |                              |  |      |    |                |      |    |                    |   |     |          |  |  |  |     |     |                                                              |  |  |  |     |     |                                                          |  |  |  |     |    |                                                               |  |  |  |    |    |                                                                     |  |  |  |    |      |                                         |  |  |  |

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