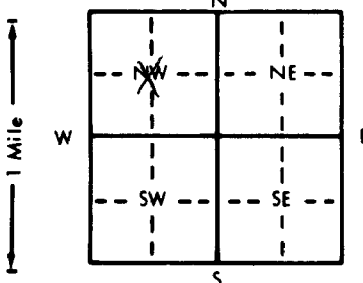


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Pratt		1/4 NC 1/4 NW 1/4	31	T 27 S	R 15 E/W
Distance and direction from nearest town or city street address of well if located within city? 1 1/2 north, 5 1/2 west of Cullison, Ks.					
2 WATER WELL OWNER: National Ag LLC					
RR#, St. Address, Box # : Box 894			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Great Bend, Ks. 67530			Application Number: 32,960		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 163 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL . . . 63 . . . ft. below land surface measured on mo/day/yr . . . 1-18-00 Pump test data: Well water was . . . 81 . . . ft. after . . . 4 1/2 . . . hours pumping . . . 1000 . . . gpm Est. Yield 1100 . . . gpm: Well water was . . . 77 . . . ft. after . . . 3 . . . hours pumping . . . 800 . . . gpm Bore Hole Diameter . . . 28 . . . in. to . . . 162 . . . 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 10 Monitoring well 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>X</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
			7 Fiberglass		Threaded
Blank casing diameter 16 . . . in. to . . . 103 . . . ft., Dia in. to . . . ft., Dia in. to . . . ft.					
Casing height above land surface 12 . . . in., weight . . . Sch. 40 lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 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 . . . 103 . . . ft. to . . . 163 . . . ft., From . . . ft. to . . . ft.					
GRAVEL PACK INTERVALS: From . . . 162 . . . ft. to . . . 20 . . . ft., From . . . ft. to . . . ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Hole plug					
Grout Intervals: From . . . 20 . . . ft. to . . . 0 . . . 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? West How many feet? 40					
FROM		TO	LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS
0		3	Sandy top soil		150 162 Sand and gravel clean medium loose
3		5	Fine sand		
5		50	Brown clay		
50		57	Sandy brown clay		
57		61	Sand and clay mixed		
61		71	Sand and gravel clean coarse loose		
71		76	Yellow brown clay		
76		100	Sand and gravel clean coarse loose		
100		103	Brown and yellow brown clay		
103		133	Sand and gravel clean coarse loose		
133		138	Brown clay		
138		145	Sandy brown and white clay and white rock		
145		148	Hard cemented sand		
148		150	Fine sand		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 02-10-00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/yr) 02-22-00 under the business name of Rosencrantz-Bemis by (signature) <u>Mredia Redson</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.					