

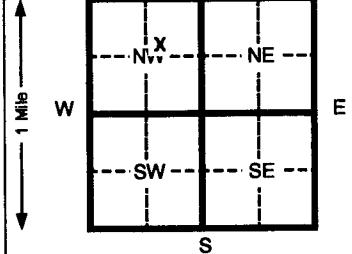
| | | | | |
|---------------------------|---|----------------|-----------------|---------------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Kingman | SW $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$ | 5 | T 28 S | R 7 W |

Distance and direction from nearest town or city street address of well if located within city?

410 N. Main - Kingman

2 WATER WELL OWNER: **BP Products North America, Inc.**
 RR#, St. Address, Box #: **150 St. Peters Centre Blvd., Ste. C**
 City, State, ZIP Code: **St. Peters, MO 63376**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **25** ft. ELEVATION: **1510.11 (TOC)**
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **17.05** ft. below land surface measured on mo/day/yr **01/24/12**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8.25** in. to **25** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feed lot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No

5 TYPE OF CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____ Flush _____
 Blank casing diameter **2** in. to **15** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **0** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 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 **15** ft. to **25** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **13** ft. to **25** 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 **1** ft. to **15** 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 _____

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|-------------|-------------|------|---------------------------------------|------|----|--------------------|
| 0 | 1 | | Topsoil, silty, brown | | | |
| 1 | 5 | | Silty clay, with brick pieces | | | |
| 5 | 10 | | Clay, silty, dark brown to red | | | |
| 10 | 14.5 | | Sand, medium grained | | | |
| 14.5 | 17.5 | | Clay, silty, red | | | |
| 17.5 | 25 | | Sand, medium to coarse grained | | | |
| | | | | | | |
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| | | | | | | |

GPS: Datum WGS 84
Latitude: **37.645122 N**
Longitude: **98.112639 W**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1) constructed**, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **02/08/12** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **03/02/12**
 under the business name of **Geotechnical Services Inc.** by (signature) *[Signature]*
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.