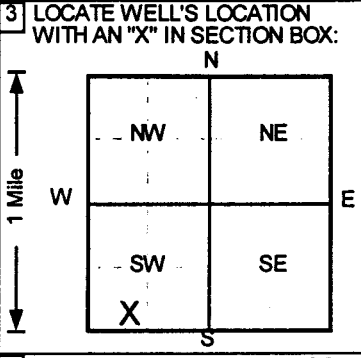


1 LOCATION OF WATER WELL: County: Stanton Fraction SE 1/4 SW 1/4 SW 1/4 Section Number 14 Township Number T 29 S Range Number R 42 E/W

Distance and direction from nearest town or city street address of well if located within city? Johnson Coop Grain, Manter, Kansas

2 WATER WELL OWNER: Johnson Coop Grain-Manter RR#, St. Address, Box# : South 160 Highway City, State, ZIP Code : Manter, Kansas Board of Agriculture, Division of Water Resources Application Number: REVISED 8/98



3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL . . . . . 85 . . . . . ft ELEVATION: . . . . . 0 . . . . . ft

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued . . . . . Clamped . . . . . Welded . . . . . Threaded. ✓

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . . Grout Intervals: From . . . . . 0 . . . . . ft to . . . . . 54 . . . . . ft, From . . . . . 54 . . . . . ft to . . . . . 58 . . . . . ft, From . . . . . ft to . . . . . ft

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include: 0-0.5 Concrete, 0.5-2 Sand, Brown, 2-5 Clay, Brown, 5-20 Clay, Light Brown, 20-42 Clay, Red Brown, 42-70 Sand, Light Red Brown, 70-82 Sand, Brown, 82-85 Clay, Red Brown.

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) . . . . . 11/20/97 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 527 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 12/30/97 . . . . . under the business name of GeoCore Services, Inc. by (signature) [Signature]

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 68820-0001. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.