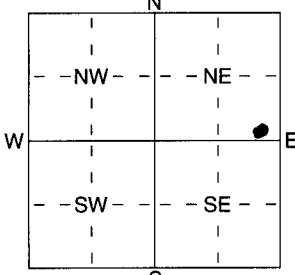


1 LOCATION OF WELL: Fraction NE 1/4 SE 1/4 SE 1/4 Section Number 5 Township Number T 30 S Range Number R 29 E 10
 County: Meade

Distance and direction from nearest town or city street address of well if located within city?
12 1/2 N + 3 W from Meade

2 WATER WELL OWNER: Bernard Weller
 RR#, St. Address, Box # :
 City, State, ZIP Code : Fowler KS 67844 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 200 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 150 ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL 150 ft. below land surface measured on mo/day/yr 7-26-05
 Pump test data: Well water was 150 ft. after _____ hours pumping _____ gpm
 Est. Yield 50 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 WELL WATER TO BE USED AS:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____
 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter 5 in. to 160 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight _____ lbs./ft. Wall thickness or gauge No. 200*
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 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 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) _____ ft.
 SCREEN-PERFORATED INTERVALS: From 160 ft. to 200 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 200 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals: From top ft. to 20 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 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? NE How many feet? 30

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|-----------|------------|--------------------------|------|----|--------------------|
| <u>0</u> | <u>15</u> | <u>sandy topsoil</u> | | | |
| <u>15</u> | <u>44</u> | <u>tan clay</u> | | | |
| <u>44</u> | <u>75</u> | <u>sand</u> | | | |
| <u>75</u> | <u>79</u> | <u>white clay</u> | | | |
| <u>79</u> | <u>200</u> | <u>sand & gravel</u> | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-27-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 101 This Water Well Record was completed on (mo/day/yr) 9-21-05 under the business name of Bartel Well Drilling, Inc by (signature) Ruben J. Bartel

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.