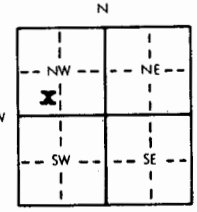


|   |  |  |                |   |              |
|---|--|--|----------------|---|--------------|
| 1 LOCATION OF WATER WELL  |  | Fraction   | Section Number | Township Number                                   | Range Number |
| County: Meade   |  | SE 1/4 SW 1/4 NW 1/4   | 8              | T 33 S  | R 28 E/W     |
| Distance and direction from nearest town or city?<br>5 South, 3 West, 1/4 South, 1/4 East of Meade, Ks.   |  | Street address of well if located within city?                 |                |   |              |
| 2 WATER WELL OWNER:   |  | Southwest Gas Storage, Underground Storage                     |                |   |              |
| RR#, St. Address, Box # :   |  | Box 959  |                | Board of Agriculture, Division of Water Resources |              |
| City, State, ZIP Code :   |  | Meade, Ks. 67864   |                | SNEATH 1-8 Application Number: -----              |              |
| 3 DEPTH OF COMPLETED WELL   |  | 230 ft. Bore Hole Diameter 9 7/8 in. to 230 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 XX6 Oil field water supply   |  | 9 Dewatering 12 Other (Specify below)                          |                |   |              |
| 2 Irrigation 4 Industrial 7 Lawn and garden only  |  | 10 Observation well  |                |   |              |
| Well's static water level 57 ft. below land surface measured on March month 6 day 1981 year   |  |  |                |   |              |
| Pump Test Data : Well water was ft. after hours pumping gpm   |  |  |                |   |              |
| Est. Yield 50 gpm: Well water was ft. after hours pumping gpm   |  |  |                |   |              |
| 4 TYPE OF BLANK CASING USED:  |  | Casing Joints: Glued XX Clamped                                |                |   |              |
| 1 Steel 3 RMP (SR)  |  | Welded   |                |   |              |
| XX2 PVC 4 ABS   |  | Threaded   |                |   |              |
| 5 Wrought iron 8 Concrete tile  |  |  |                |   |              |
| 6 Asbestos-Cement 9 Other (specify below)   |  |  |                |   |              |
| 7 Fiberglass  |  |  |                |   |              |
| Blank casing dia 5 in. to 190 ft. Dia in. to ft. Dia in. to ft.   |  |  |                |   |              |
| Casing height above land surface 12 in. weight 2.8 lbs./ft. Wall thickness or gauge No 265  |  |  |                |   |              |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |  | XX7 PVC 10 Asbestos-cement                                     |                |   |              |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)   |  | 11 Other (specify)   |                |   |              |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS  |  | 12 None used (open hole)                                       |                |   |              |
| Screen or Perforation Openings Are:   |  | 5 Gauzed wrapped XX8 Saw cut 11 None (open hole)               |                |   |              |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  |  |  |                |   |              |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)   |  |  |                |   |              |
| Screen-Perforation Dia 5 in. to 230 ft. Dia in. to ft. Dia in. to ft.   |  |  |                |   |              |
| Screen-Perforated Intervals: From 190 ft. to 230 ft. From ft. to ft. From ft. to ft.  |  |  |                |   |              |
| Gravel Pack Intervals: From 14 ft. to 230 ft. From ft. to ft. From ft. to ft.   |  |  |                |   |              |
| 5 GROUT MATERIAL: XX Neat cement 2 Cement grout 3 Bentonite 4 Other   |  |  |                |   |              |
| Grouted Intervals: From 4 ft. to 14 ft. From ft. to ft. From ft. to ft.   |  |  |                |   |              |
| What is the nearest source of possible contamination:   |  | 10 Fuel storage 14 Abandoned water well                        |                |   |              |
| 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage XX5 <del>gas well</del> Gas well  |  | 16 Other (specify below)                                       |                |   |              |
| 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage  |  |  |                |   |              |
| 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines  |  |  |                |   |              |
| Direction from well North How many feet 100 ? Water Well Disinfected? Yes XXX No  |  |  |                |   |              |
| Was a chemical/bacteriological sample submitted to Department? Yes No XXX If yes, date sample   |  |  |                |   |              |
| was submitted month day year: Pump Installed? Yes Rental No   |  |  |                |   |              |
| If Yes: Pump Manufacturer's name Aeromotor Model No. ? HP ? Volts 220   |  |  |                |   |              |
| Depth of Pump Intake ? ft. Pumps Capacity rated at ? gal./min.  |  |  |                |   |              |
| Type of pump: XX Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other  |  |  |                |   |              |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was   |  |  |                |   |              |
| completed on March month 6 day 1980 year  |  |  |                |   |              |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 252  |  |  |                |   |              |
| This Water Well Record was completed on March month 9 day 1980 year under the business  |  |  |                |   |              |
| name of Friesen Windmill & Supply Inc. by (signature)   |  |  |                |   |              |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  |  |  |                |   |              |
|   |  |  |                |   |              |
| ELEVATION: Slope  |  |  |                |   |              |
| FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG   |  |  |                |   |              |
| 0 80 Clay   |  |  |                |   |              |
| 80 100 Sandy Clay   |  |  |                |   |              |
| 100 180 Blue Clay   |  |  |                |   |              |
| 180 200 Clay  |  |  |                |   |              |
| 200 210 Med. to Lar. Sand   |  |  |                |   |              |
| 210 220 Med. to Lar. Sand w/Clay Streaks  |  |  |                |   |              |
| 220 240 Clay  |  |  |                |   |              |
| Depth(s) Groundwater Encountered 1 Not available ft. 3 ft. 4 ft.  |  | (Use a second sheet if needed)                                 |                |   |              |
| 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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records. |  |  |                |   |              |