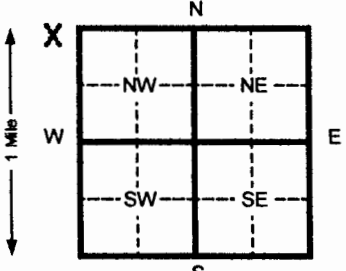


1 LOCATION OF WATER WELL: County: <b>Stevens</b>		Fraction: <b>NW 1/4 NW 1/4 SE 1/4</b>	Section Number: <b>16</b>	Township Number: <b>T 33 S</b>	Range Number: <b>R 37 E/W</b>																																																																																																									
Distance and direction from nearest town or city street address of well if located within city? <b>Associate Environmental, Inc.</b>																																																																																																														
2 WATER WELL OWNER: <b>Taylor Food Mart # 627</b>																																																																																																														
RR#, St. Address, Box #: <b>700 Main</b>			Board of Agriculture, Division of Water Resources																																																																																																											
City, State, ZIP Code: <b>Hugoton, Ks</b>			Application Number: <b>MW -3R</b>																																																																																																											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>130</b> ft. ELEVATION:																																																																																																												
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr 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 <b>8</b> in. to <b>131</b> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>																																																																																																												
5 TYPE OF BLANK CASING USED:																																																																																																														
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded <b>X</b> Blank casing diameter <b>4</b> in. to <b>80</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <b>0</b> in., weight <b>2.071</b> lbs./ft. Wall thickness or gauge No. <b>.237</b> TYPE OF SCREEN OR PERFORATION MATERIAL: 7 <b>PVC</b> 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 8 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-PERFORATED INTERVALS: From <b>80</b> ft. to <b>130</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>78</b> ft. to <b>130</b> 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 <b>0</b> ft. to <b>74</b> ft. From <b>74</b> ft. to <b>76</b> ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____ 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage <b>CONTAMINATED SITE</b> Direction from well? _____ How many feet? _____																																																																																																														
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>CODE</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>.5</td><td></td><td>Cement</td><td></td><td></td><td></td></tr><tr><td>.5</td><td>12</td><td></td><td>clay</td><td></td><td></td><td></td></tr><tr><td>12</td><td>15</td><td></td><td>silt w/clay</td><td></td><td></td><td></td></tr><tr><td>15</td><td>30</td><td></td><td>Silt w/clay</td><td></td><td></td><td></td></tr><tr><td>30</td><td>45</td><td></td><td>Fine sd w/clay lenses</td><td></td><td></td><td></td></tr><tr><td>45</td><td>52</td><td></td><td>Fine sd w/clay lenses</td><td></td><td></td><td></td></tr><tr><td>52</td><td>60</td><td></td><td>Med sd w/small gravel</td><td></td><td></td><td></td></tr><tr><td>60</td><td>70</td><td></td><td>Fine to med sd w/some gravel</td><td></td><td></td><td></td></tr><tr><td>70</td><td>77</td><td></td><td>Caliche w/clay strks</td><td></td><td></td><td></td></tr><tr><td>77</td><td>85</td><td></td><td>Med sd w/gravel</td><td></td><td></td><td></td></tr><tr><td>85</td><td>131</td><td></td><td>Caliche w/clay strks</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	.5		Cement				.5	12		clay				12	15		silt w/clay				15	30		Silt w/clay				30	45		Fine sd w/clay lenses				45	52		Fine sd w/clay lenses				52	60		Med sd w/small gravel				60	70		Fine to med sd w/some gravel				70	77		Caliche w/clay strks				77	85		Med sd w/gravel				85	131		Caliche w/clay strks																								
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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) <b>10-11-06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>11-10-06</b> under the business name of <b>Woofert Pump &amp; Well Inc.</b> by (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 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																																														

OFFICE USE ONLY

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