LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: Menda NE 14 NE 14 NW 14 E NO Distance and direction from nearest town or city street address of well if located within city? 4E+145 from Plains 2 WATER WELL OWNER: HG Adams TP RR#, St. Address, Box # Board of Agriculture, Division of Water Resources WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Domestic 6 Oil field water supply 3 Feedlot 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Water Well Disinfected? Yes TYPE OF BLANK CASING USED: 5 Wrought iron CASING JOINTS: Glued Clamped 8 Concrete tile 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 4 ABS **PVC** 7 Fiberglass Threaded O PVC TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-Cement 8 RMP (SR) 3 Stainless Steel 5 Fiberglass 11 Other (Specify) 1 Steel 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 1 Continuous slot Mill slot 7 Torch cut 10 Other (specify)ft. 2 Louvered shutter 4 Key punched SCREEN-PERFORATED INTERVALS:

 From
 ft. to
 ft., From
 ft. to
 ft. to

 From
 2.D
 ft. to
 ft., From
 ft. to
 ft.

 GRAVEL PACK INTERVALS: Bentonite 2 Cement grout **GROUT MATERIAL:** 1 Neat cement 4 Other..... What is the nearest source of possible contamination: Abandoned water well 10 Livestock pens 1 Septic tank 4 Lateral lines 7 Pit privv 11 Fuel storage 15 Oil well/Gas well 8 Sewage lagoon 2 Sewer lines 5 Cess pool 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? How many feet? FROM TO LITHOLOGIC LOG **FROM** PLUGGING INTERVALS ZS 12 44 44 5-6 بنعاء 70 86 322 400 Sand - arrave CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was occurred, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas

der the business name of Battle Well Dr. II. Inc. by (signature) by (signature) Battle
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.

by (signature) Rand so.

under the business name of Bas