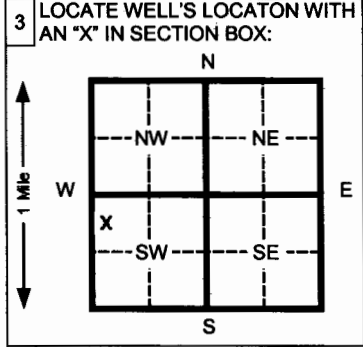


| | | | | |
|--|-----------------------------------|-----------------------------|----------------------------------|--|
| 1 LOCATION OF WATER WELL: County: Barber | Fraction NW ¼ NW ¼ SW ¼ | Section Number 11 | Township Number T 35 S | Range Number R 11 E W |
|--|-----------------------------------|-----------------------------|----------------------------------|--|

Distance and direction from nearest town or city street address of well if located within city?
400 Main, Kiowa, KS

2 WATER WELL OWNER: **D&B Stores**
 RR#, St. Address, Box # : **400 Main** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Kiowa, KS 67070** Application Number:



4 DEPTH OF COMPLETED WELL **20.0** ft. ELEVATION: **1329.83**

Depth(s) Groundwater Encountered 1 **11.00** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **11.81** ft. below land surface measured on mo/day/yr

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter _____ in. to _____ 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 |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden (domestic) |
| | | 10 Monitoring well |
| | | 12 Other (Specify below) |

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:

| | | | | |
|--------------|------------|-------------------|-------------------------|--|
| 1 Steel | 3 RMP (SR) | 5 Wrought Iron | 8 Concrete tile | CASING JOINTS: Glued _____ Clamped _____ |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ |
| | | 7 Fiberglass | | Threaded X |

Blank casing diameter **2.375** in. to **5.0** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|---------|--------------------|-----------------|--------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 7 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 | 3 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) | |

SCREEN-PERFORATED INTERVALS: From **20.0** ft. to **5.0** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **4.0** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

| | | | |
|---------------|-----------------------|--------------------|---------------|
| 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other _____ |
|---------------|-----------------------|--------------------|---------------|

Grout Intervals From **0.0** ft. to **1.0** ft. From **1.0** ft. to **4.0** 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 | 14 Abandoned water well |
| 2 Sewer lines | 5 Cess pool | 8 Sewage lagoon | 11 Fuel storage (former) | 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? **NA** How many feet? **0**

| FROM | TO | CODE | LITHOLOGIC LOG |
|---|------|------|---------------------------------|
| 0.0 | 0.5 | | Grass |
| 0.5 | 5.0 | | Brown clay, damp, soft |
| 5.0 | 10.0 | | Red Brown clay, stiff, no odor |
| 10.0 | 15.0 | | Red Clay, moist, sandy, no odor |
| 15.0 | 20.0 | | Red clay, wet, clayey sandy |
| | | | TD@ 20 PER KDHE SOW |
| Flush-mount well completion waiver existent for site. | | | |

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) **05/21/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **06/10/08** under the business name of **Quad State Services, Inc.** 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 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.