| WATER WELL RECORD  | Form WWC                |              |                 | esources; App. No.      |                                      |
|--|-------------------------|--------------|-----------------|-------------------------|--------------------------------------|
| 1 LOCATION OF WATER WELL:  |                         |              | Section Number  | r Township Nun          | nber Range Number                    |
| County: Smith  Distance and direction from pearest town  | SW ½ SW ½               | of well if G | lobal Positioni | ing System (decima      | S R 13 W                             |
| Distance and direction from nearest town or city street address of well if located within city? 218 E. Hwy 36 Smith Center, KS Latitude: N 39.78527°   |                         |              |                 |                         |                                      |
| 2 WATER WELL OWNER: Murphy's Service (Formerly) Longitude: W 98.78387°   |                         |              |                 |                         |                                      |
| RR#, St. Address, Box # : 316 E. Court St. City, State, ZIP Code : Smith Center, KS 66967  Elevation: RIM: 1796.61; TOC: 1796.09 Datum: above mean sea level Data Collection Method: legal survey  |                         |              |                 |                         |                                      |
| City State 7IP Code : Smith Center KS 66067 Data Collection Method: legal survey   |                         |              |                 |                         |                                      |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 25 ft.   |                         |              |                 |                         |                                      |
| LOCATON  |                         |              | MW8             |                         |                                      |
|  | ndwater Encountered     |              |                 | 2 f                     | t. 3 ft.                             |
| SECTION BOX: WELL'S STA  | TIC WATER LEVEL         | 20.40 ft     | below land su   | rface measured on       | t. 3 ft.<br>mo/day/yr <b>8/14/08</b> |
| N Pump test data: Well water was ft. after hours pumping gpm   |                         |              |                 |                         |                                      |
| Est. Yield gpm: Well water was ft. after hours pumping gpm   |                         |              |                 |                         |                                      |
|  |                         |              |                 |                         |                                      |
| W   1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)   |                         |              |                 |                         |                                      |
|  |                         |              |                 |                         |                                      |
| SW-SE-   |                         |              |                 |                         |                                      |
| Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs  |                         |              |                 |                         |                                      |
| S Sample was submitted Water Well Disinfected? Yes No X  |                         |              |                 |                         |                                      |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped   |                         |              |                 |                         |                                      |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  |                         |              |                 |                         |                                      |
| 2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 15 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.52 ft., Weight Ibs./ft. Wall thickness or gauge No.  |                         |              |                 |                         |                                      |
| Blank casing diameter 2 in. to 15 ft., Dia in. to ft., Dia in. to ft.  |                         |              |                 |                         |                                      |
| Casing height below land surface 0.52 ft., Weight lbs./ft. Wall thickness or gauge No.  TYPE OF SCREEN OR PERFORATION MATERIAL:  |                         |              |                 |                         |                                      |
| 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ARS 11 Other (specify)  |                         |              |                 |                         |                                      |
| 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)   |                         |              |                 |                         |                                      |
| ISCREEN OR PERFORATION OPENINGS ARE:   |                         |              |                 |                         |                                      |
| 1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From 15 ft. to 25 ft. From ft. to ft.       |                         |              |                 |                         |                                      |
| SCREEN PERFORATED INTERVALS: From 15 9 to 25 9 From 9 to 9   |                         |              |                 |                         |                                      |
| From ft to ft From ft to ft  |                         |              |                 |                         |                                      |
| From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 13 ft. to 25 ft. From ft. to ft.   |                         |              |                 |                         |                                      |
|  | From                    | ft. to       | 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 Concrete: 0-2 ft.  Grout Intervals From 2 ft. to 13 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 13 Insecticide Storage 16 Other (specify   |                         |              |                 |                         |                                      |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below)  |                         |              |                 |                         |                                      |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well  |                         |              |                 |                         |                                      |
| Direction from well? S How many feet? ~85  |                         |              |                 |                         |                                      |
| FROM TO LITHO  | LOGIC LOG               | FROM         | TO              | PLUGGING                | INTERVALS                            |
|  | clay, slightly moist,   |              |                 |                         |                                      |
| no odor  |                         |              |                 |                         |                                      |
|  | some clay, dry, no od   |              |                 |                         |                                      |
| 8 10 Brown silt, some odor   | clay, slightly moist, n | 0            |                 |                         |                                      |
|  | clay, dry, no odor      |              | +               |                         | 4                                    |
|  | trace clay, dry, no oc  | lor          |                 |                         |                                      |
| 23 25 Yellow brown cla   | y with silt, mottled    |              |                 |                         |                                      |
| gray, wet, no odo  | r                       |              | Flus            | shmount waiver fi       | rom BOW                              |
| 7. CONTRACTORIS OR LANDOW/NERS CERTIFICATION: This was well used (2) and and (2) almost  |                         |              |                 |                         |                                      |
| 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/year) 8/13/08 and this record is true to the best of my knowledge and belief. |                         |              |                 |                         |                                      |
| Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 10/3/08   |                         |              |                 |                         |                                      |
| under the business name of Larsen & Associates, Inc. by (signature)  |                         |              |                 |                         |                                      |
| under the business name of Larsen & As   | sociates, Inc.          | Uy (Signa    | ure)            |                         |                                      |
| under the business name of Larsen & As  INSTRUCTIONS: Please fill in blanks or circle Geology Section, 1000 SW Jackson St., Suite 420  |                         |              |                 | ent of Health and Envir | ronment, Bureau of Water,            |