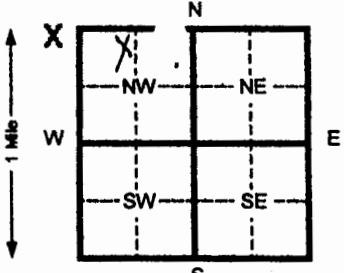


1 LOCATION OF WATER WELL: County: Decatur		Fraction: NE 1/4 NW 1/4 NW 1/4	Section Number: 17	Township Number: T 5 S	Range Number: R 29 E																																																																																																									
Distance and direction from nearest town or city street address of well if located within city?																																																																																																														
2 WATER WELL OWNER: Brentley Farms RR#, St. Address, Box #: Box 167 City, State, ZIP Code: Selden, KS 67757 Board of Agriculture, Division of Water Resources Application Number: 20050226																																																																																																														
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 73 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 8 in. to 80 ft. and _____ in. to _____ ft. 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 X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes X No _____																																																																																																												
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing diameter 4.5 in. to 33 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. 248 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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 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 33 ft. to 73 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 73 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 0 ft. to 20 ft. From _____ ft. to _____ 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 None 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>2</td><td></td><td>Surface</td><td></td><td></td><td></td></tr><tr><td>2</td><td>15</td><td></td><td>Loess</td><td></td><td></td><td></td></tr><tr><td>15</td><td>27</td><td></td><td>Fine to some med. Sand</td><td></td><td></td><td></td></tr><tr><td>27</td><td>35</td><td></td><td>Fine sand w/clay str</td><td></td><td></td><td></td></tr><tr><td>35</td><td>43</td><td></td><td>Fine to some med sand w/ clay</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>Str</td><td></td><td></td><td></td></tr><tr><td>43</td><td>56</td><td></td><td>Fine to med sand & grvl w/ clay</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>Lens</td><td></td><td></td><td></td></tr><tr><td>56</td><td>61</td><td></td><td>Fine to med sand</td><td></td><td></td><td></td></tr><tr><td>61</td><td>70</td><td></td><td>Yellow ochre</td><td></td><td></td><td></td></tr><tr><td>70</td><td>80</td><td></td><td>Black shale</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	2		Surface				2	15		Loess				15	27		Fine to some med. Sand				27	35		Fine sand w/clay str				35	43		Fine to some med sand w/ clay							Str				43	56		Fine to med sand & grvl w/ clay							Lens				56	61		Fine to med sand				61	70		Yellow ochre				70	80		Black shale																								
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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) 8-11-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 8-12-05 under the business name of Woofter Pump & Well Inc. by (signature) <i>[Signature]</i> INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 4000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																																														

OFFICE USE ONLY

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