

|                                                                                                                                                                                                                                                                                                         |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|--------------|----------------------------------------------------------------------|--|--|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                               |     | Fraction                                                                                                                                                                                                                          | Section Number              | Township Number | Range Number |                                                                      |  |  |  |
| County: Decatur                                                                                                                                                                                                                                                                                         |     | C S 1/2 NW 1/4 NW 1/4                                                                                                                                                                                                             | 17                          | T 5 S           | R 29 EW      |                                                                      |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                         |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| 2 WATER WELL OWNER: Brantley Farms                                                                                                                                                                                                                                                                      |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| RR#, St. Address, Box #: Box 167                                                                                                                                                                                                                                                                        |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| City, State, ZIP Code: Selden, Ks 67757                                                                                                                                                                                                                                                                 |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| Board of Agriculture, Division of Water Resources<br>Application Number: 20070311                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                    |     | 4 DEPTH OF COMPLETED WELL 115 ft. ELEVATION:                                                                                                                                                                                      |                             |                 |              |                                                                      |  |  |  |
| <div style="text-align: center;">N<br/><table border="1" style="margin: auto; width: 100px; height: 100px;"><tr><td>X NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table><br/>S</div>                                                                                                        |     | X NW                                                                                                                                                                                                                              | NE                          | SW              | SE           | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. |  |  |  |
|                                                                                                                                                                                                                                                                                                         |     | X NW                                                                                                                                                                                                                              | NE                          |                 |              |                                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                         |     | SW                                                                                                                                                                                                                                | SE                          |                 |              |                                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                         |     | WELL'S STATIC WATER LEVEL na 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 115 ft. and _____ in. to _____ ft.                                                                                                                                                                    |                             |                 |              |                                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                         |     | WELL WATER TO BE USED AS:<br>1 Domestic    3 Feed lot    5 Public water supply    8 Air conditioning    11 Injection well<br>2 Irrigation    4 Industrial    6 Oil field water supply    9 Dewatering    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 _____                                                                                                                                                                                        |                             |                 |              |                                                                      |  |  |  |
| 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 _____                                                                                                                                                                                                                          |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| Blank casing diameter 8 in. to 4.5 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:                                                                                                                                                                                                                                                                 |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    10 Asbestos-cement                                                                                                                                                                                                                        |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) _____                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| 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                                                                                                                                                                                                                                |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| 3 Torched cut    10 Other (specify) _____                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| SCREEN-PERFORATED INTERVALS: From 75 ft. to 115 ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                         |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| GRAVEL PACK INTERVALS: From 20 ft. to 115 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:                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| 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    15 Oil well/ Gas well                                                                                                                                                                                                             |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below) none                                                                                                                                                                                       |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| Direction from well? How many feet?                                                                                                                                                                                                                                                                     |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                    | TO  | CODE                                                                                                                                                                                                                              | LITHOLOGIC LOG              | FROM            | TO           | PLUGGING INTERVALS                                                   |  |  |  |
| 0                                                                                                                                                                                                                                                                                                       | 2   |                                                                                                                                                                                                                                   | Surface                     |                 |              |                                                                      |  |  |  |
| 2                                                                                                                                                                                                                                                                                                       | 31  |                                                                                                                                                                                                                                   | Loess                       |                 |              |                                                                      |  |  |  |
| 31                                                                                                                                                                                                                                                                                                      | 66  |                                                                                                                                                                                                                                   | Clay w/caliche strks        |                 |              |                                                                      |  |  |  |
| 66                                                                                                                                                                                                                                                                                                      | 83  |                                                                                                                                                                                                                                   | Clay w/sandstone strks      |                 |              |                                                                      |  |  |  |
| 83                                                                                                                                                                                                                                                                                                      | 94  |                                                                                                                                                                                                                                   | Fine to med sd w/clay strks |                 |              |                                                                      |  |  |  |
| 94                                                                                                                                                                                                                                                                                                      | 102 |                                                                                                                                                                                                                                   | Fine to med sand            |                 |              |                                                                      |  |  |  |
| 102                                                                                                                                                                                                                                                                                                     | 111 |                                                                                                                                                                                                                                   | Green quartz w/sand strks   |                 |              |                                                                      |  |  |  |
| 111                                                                                                                                                                                                                                                                                                     | 120 |                                                                                                                                                                                                                                   | Yellow ochre                |                 |              |                                                                      |  |  |  |
| 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) 8-20-07 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) 8-27-07                                                                                                                                                                                                     |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |
| under the business name of Woofter Pump & Well Inc. by (signature) [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: 813-296-5545. Send one to WATER WELL OWNER and retain one for your records. |     |                                                                                                                                                                                                                                   |                             |                 |              |                                                                      |  |  |  |

OFFICE USE ONLY

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