

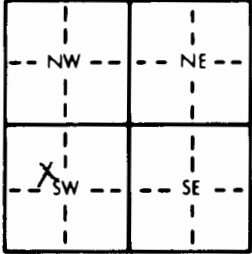
(per plugging record KGS/KDHE)

DSVE 9

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: Fraction NE SE 1/4 NW 1/4 SW 1/4 Section Number 9 Township Number T 6 S Range Number R 29 EW
 County: Sheridan
 Distance and direction from nearest town or city street address of well if located within city?
Nebraska Avenue and US Hwy 83

2 WATER WELL OWNER: Don Pursch
 RR#, St. Address, Box #: P.O. Box 172, Hwy 83
 City, State, ZIP Code: Selden, KS 67557
 Board of Agriculture, Division of Water Resources
 Application Number: DSVE-9

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL: 125 ft. ELEVATION: 2837.67
 Depth(s) Groundwater Encountered: 1. NA ft. 2. _____ ft. 3. _____ ft.
 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 TD ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic _____ 3 Feedlot _____ 6 Oil field water supply _____ 9 Dewatering _____
 2 Irrigation _____ 4 Industrial _____ 7 Lawn and garden only _____ 10 Monitoring well _____
 5 Public water supply _____ 8 Air conditioning _____ 11 Injection well _____
 ② Other (Specify below) Remedial Well
 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 _____ 7 Fiberglass _____ 9 Other (specify below) _____ Welded _____
 Blank casing diameter: 4 in. to 7.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. SCH 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 85 ft. to 125 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 83 ft. to 125 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement _____ 2 Cement grout _____ 3 Bentonite _____ 4 Other _____
 Grout Intervals: From 7.5 ft. to 0 ft., From 83 ft. to 7.5 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) Fuel Release
 13 Insecticide storage _____
 Direction from well? _____ How many feet? 0 Home Oil

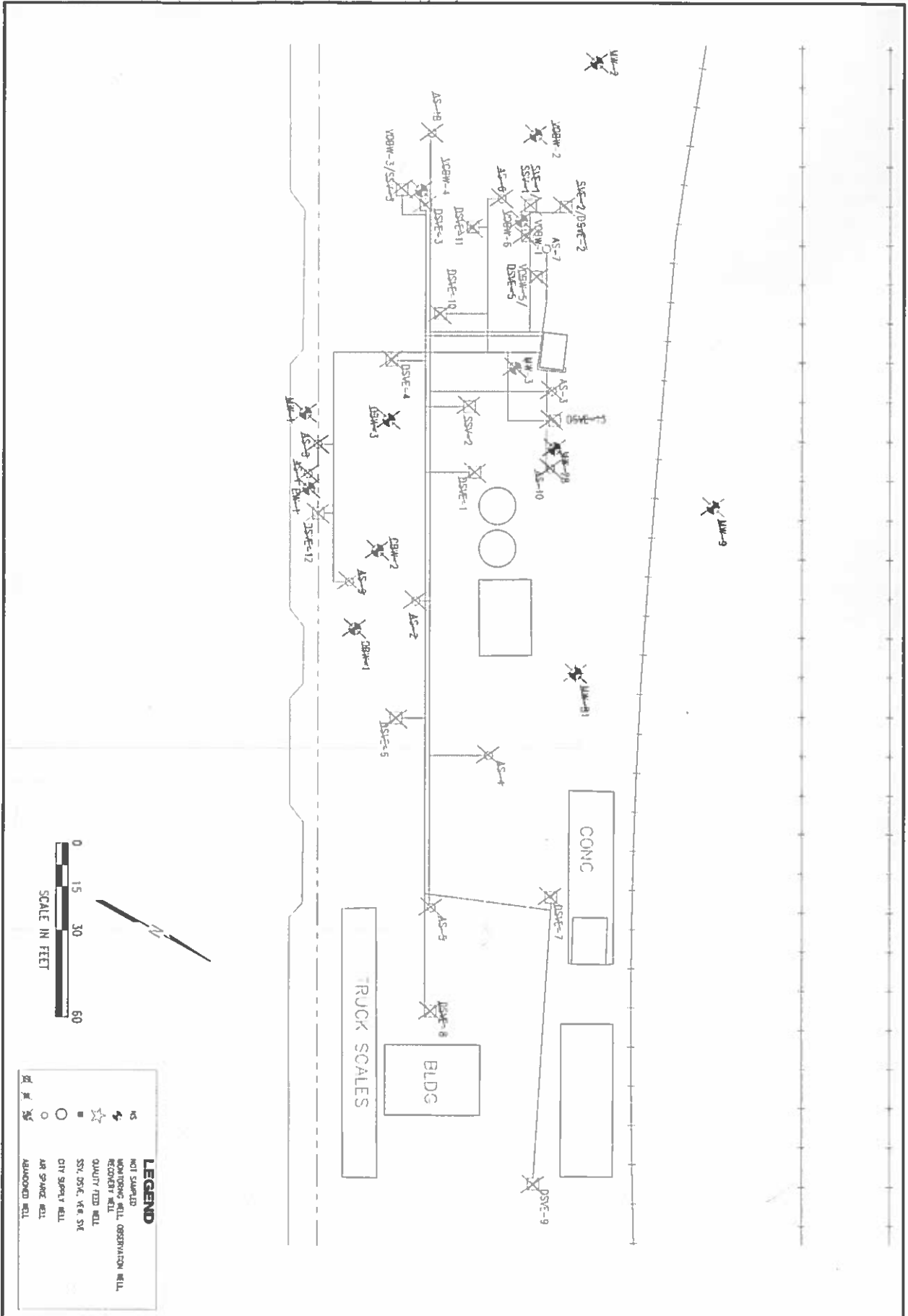
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Fill Gravel Tan Silty Clay			
15	30	white clay			
30	62	Tan Silty Clay			
62	125	Tan Sandy Clay			

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) 12/8/98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 590 This Water Well Record was completed on (mo/day/yr) _____ under the business name of Liebs Drilling, Inc by (signature) _____

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

TD = Total Depth

OFFICE USE ONLY
T
R
EM
SEC.
1/4
1/4
1/4



**HOME OIL
REMEDIAL SITE MAP
SELDEN, KANSAS U6-090-221**

MILCO
Environmental
Services, Inc.
1000 West 10th Street
Lawrence, KS 66044-1411

LEGEND
 * NOT SAMPLED
 * MONITORING WELL, OBSERVATION WELL
 * RECOVERY WELL
 * QUALITY FEED WELL
 * SSN, DSAC, VOB, SYE
 * CITY SUPPLY WELL
 * AIR SPARGE WELL
 * ABANDONED WELL

DATE: 1/19/10
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 SCALE: 1" = 30'

FIGURE 1