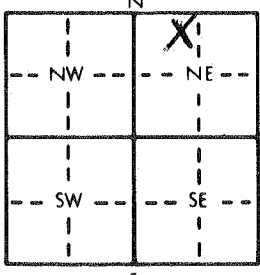


1 LOCATION OF WATER WELL: County: Sheridan Fraction: NE 1/4 NW 1/4 NE 1/4 Section Number: 4 Township Number: T 7 S Range Number: R 28 EW

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Mark Schamberger
 RR#, St. Address, Box # : RR 2 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Hoxie, KS 67740 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 225 ft. ELEVATION: 225 ft.
 Depth(s) Groundwater Encountered: 1 ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: 140 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 225 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 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 _____ No X

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 185 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 4.5 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) _____
 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 185 ft. to 225 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 225 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: NONE
 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)
 13 Insecticide storage _____
 Direction from well? _____ How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|-----------------------------|------|-----|----------------------------|
| 0 | 3 | Surface | 154 | 153 | Tight sand |
| 3 | 10 | Loess | 153 | 170 | Hard sand |
| 10 | 25 | Clay | 170 | 164 | Clay |
| 25 | 33 | Sandy clay & caliche | 164 | 166 | Hard sand |
| 33 | 42 | Med sand | 166 | 177 | Clay |
| 42 | 56 | Caliche & clay | 177 | 211 | Med sand |
| 56 | 77 | Fine-med sand | 211 | 220 | Med sand w/ clay & caliche |
| 77 | 79 | Caliche & cemented sand | 220 | 225 | Clay & orchre |
| 79 | 97 | Sandy clay w/ cemented stks | | | |
| 97 | 111 | Fine to med sand | | | |
| 111 | 118 | Clay & cemented stks | | | |
| 118 | 123 | Caliche | | | |
| 123 | 126 | Tight med sand w/ caliche | | | |
| 126 | 143 | Caliche & cemented sand | | | |
| 143 | 154 | Cemented sand | | | |

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) 8-5-97 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) 8-18-97 under the business name of Woofter Pump & Well, Inc. by (signature) [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.