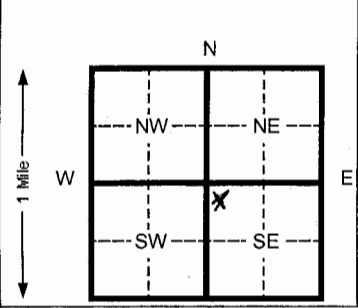


1 LOCATION OF WATER WELL: Fraction **NW 1/4 SW 1/4 NE 1/4** Section Number **31** Township Number **T 22 S** Range Number **R 8 E**  
 County: **Chase**

Distance and direction from nearest town or city street address of well if located within city?  
**I-35 Matfield Green Service Area, Mile Post 96 3 miles south of Matfield Green, Kansas**

2 WATER WELL OWNER: **EI Paso Corporation**  
 RR#, St. Address, Box # : **2 North Nevada** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Colorado Springs, CO 80903** Application Number:

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



4 DEPTH OF COMPLETED WELL **20** ft. ELEVATION: \_\_\_\_\_  
 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 **NA**  
 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 **8.625** in. to **20** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ Ft.  
 WELL 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** **MW-8S**  
 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: 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 **5** Ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **FLUSH** in., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 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 **5** ft. to **20** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 SAND PACK INTERVALS: From **4** ft. to **20** 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 3 **2** ft. to **4** Ft. From 2 **0** Ft. to **2** 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)**  
 13 Insecticide storage **Contaminated Site**  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

| FROM      | TO        | CODE | LITHOLOGIC LOG          | FROM | TO | PLUGGING INTERVALS |
|-----------|-----------|------|-------------------------|------|----|--------------------|
| <b>0</b>  | <b>.5</b> |      | <b>Asphalt</b>          |      |    |                    |
| <b>.5</b> | <b>7</b>  |      | <b>Clay, dark brown</b> |      |    |                    |
| <b>7</b>  | <b>20</b> |      | <b>Limestone</b>        |      |    |                    |
| <b>20</b> | <b>TD</b> |      | <b>End of Borehole</b>  |      |    |                    |
|           |           |      |                         |      |    |                    |
|           |           |      |                         |      |    |                    |
|           |           |      |                         |      |    |                    |
|           |           |      |                         |      |    |                    |
|           |           |      |                         |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Completed on (mo/day/yr) **02/16/05** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **03/14/05**  
 under the business name of **Associated Environmental, Inc.** By (signature) **Darin R Duncan**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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