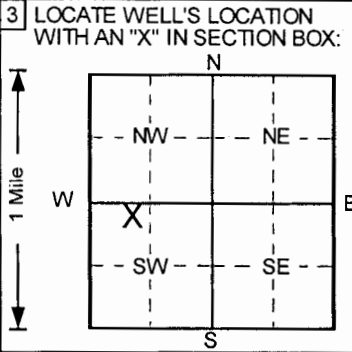


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Cowley	NE 1/4 NW 1/4 SW 1/4	32	T 34 S	R 3 (E/W)

Distance and direction from nearest town or city street address of well if located within city?
1400 So. M St., Arkansas City

2 WATER WELL OWNER: **MWH Americas Inc.**
 RR#, St. Address, Box # : **1801 California St., Suite 2900**
 City, State, ZIP Code : **Denver, Colorado 80202**
 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF COMPLETED WELL: **41** ft. ELEVATION: **0** ft.
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **26.14** ft. below land surface measured on mo/day/yr **9/17/2004**
 Pump test data: Well water was **NA** ft. after _____ hours pumping _____ gpm
 Est. Yield: **NA** gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **2** in. to **41** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 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 ; 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 _____ Clamped _____
(2) PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded
 Blank casing diameter: **2** in. to **16** ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.
 Casing height above land surface: **36** in., weight _____ lbs./ft. Wall thickness or gauge No. **Sch. 40**
 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 **16** ft. to **41** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **14** ft. to **41** 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 Concrete**
 Grout Intervals: From **0** ft. to **2** ft., From **2** ft. to **14** ft., From **12** ft. to **14** 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)**
 _____ **Refinery**
 Direction from well? _____ How many feet? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Silt, sandy, Brown			
7	12	Chat, Black			
12	23	Sand (f), staining, impacted, wet, Gray Black			
23	25	Clay, sandy, impacted, Dark Gray			
25	32	Sand (f), impacted, odor, Dark Gray			
32	52.8	Sand (c), impacted, odor, Dark Gray			

RECEIVED
NOV 02 2004
BUREAU OF WATER

B-108R , Flushmount
 Project Name: MWH - Total
 GeoCore # 1181 , #

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) **9/17/2004** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **10/12/2004**
 under the business name of **GeoCore, Inc.** by (signature) **Dale Hill**

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINI 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.

OFFICE USE ONLY

T

R

E/W

SEC

1/4

1/4

1/4