

<b>[1] LOCATION OF WATER WELL:</b>		Fraction	Section Number		Township Number	Range Number	
County: <b>Cowley</b>		<b>SW ¼ SW ¼ SE ¼</b>	<b>32</b>		<b>T 34 S</b>	<b>R 4 E/V</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>1400 So. M St., Arkansas City</b>							
<b>[2] WATER WELL OWNER: MRP Properties Company, LLC</b>							
RR#, St. Address, Box # : <b>1400 South M Street</b> City, State, ZIP Code : <b>Arkansas City, KS 67005</b>						Board of Agriculture, Division of Water Resources Application Number:	
<b>[3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>[4] DEPTH OF COMPLETED WELL . . . . . 23 . . . ft. ELEVATION: . . . . . 1060.14.</b>					
<p>A map showing a 1-mile square divided into four sections: NW, NE, SW, and SE. An 'X' marks the well location in the SE corner.</p>		Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft. WELL'S STATIC WATER LEVEL . . . . . ft. below land surface measured on mo/day/yr . . . . . 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 . . . 8 . . in. to . . . 24 . . . 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 ✓					
		<b>[5] TYPE OF BLANK CASING USED:</b>					
		Blank casing diameter . . . . . 2 . . . in. to . . . 13 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft. Casing height above land surface . . . . . 33 . . . in., weight . . . lbs./ft. Wall thickness or gauge No. . . Sch.. 40 . . .					
		TYPE OF SCREEN OR PERFORATION MATERIAL					
		SCREEN OR PERFORATION OPENINGS ARE:					
		SCREEN-PERFORATED INTERVALS:					
		GRAVEL PACK INTERVALS:					
<b>[6] GROUT MATERIAL:</b>		GROUT INTERVALS: From . . . 0 . . . ft. to . . . 3 . . . ft., From . . . 3 . . . ft. to . . . 11 . . . ft., From . . . ft. to . . . ft.					
What is the nearest source of possible contamination:		How many feet?					
Direction from well?							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
0	3	Silt, sandy, Dark Brown					
3	5	Clay, silty, Dark Brown to Black					
5	8	Clay, Black					
8	10	Sand, f, silty, Med. Brown					
10	13	Sand, f, Tan Gray					
13	15	Sand, f-m, Olive Gray					
15	20	Sand, m, Dark Olive Gray					
20	24	Sand, m-c, Dark Gray					
					MW-40C , Abovegrade		
<b>[7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . . . 10/11/2013 . . . . . 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) . . . 11/9/13 . . . under the business name of GeoCore, Inc. by (signature) Doe Hef							
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.							