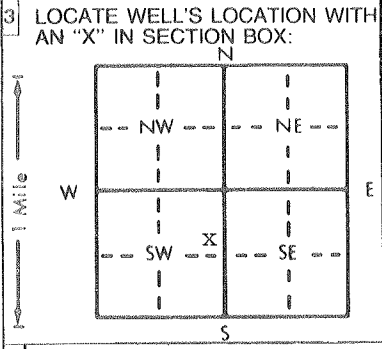


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Scott</u>	<u>SE</u> ¼ <u>NE</u> ¼ <u>SW</u> ¼	<u>30</u>	<u>T 16 S</u>	<u>R 33</u> E/W

Distance and direction from nearest town or city street address of well if located within city?
Approximately 10 1/4 miles north and 5 1/2 miles west of Scott City

2 WATER WELL OWNER: Royal Beef, Inc.
 RR#, St. Address, Box #: 11060 North Falcon Road
 City, State, ZIP Code: Scott City, KS 67871
 Board of Agriculture, Division of Water Resources
 Application Number: 42,489



4 DEPTH OF COMPLETED WELL: 1088 ft. ELEVATION: unknown
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 620 ft. below land surface measured on mo/day/yr 9-24-97
 Pump test data: Well water was not ch'd ft. after _____ hours pumping _____ gpm
 Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 17 1/2 in. to 1100 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 _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded X
 7 Fiberglass Threaded _____
 Blank casing diameter: 8 in. to 970 ft., Dia 8 in. to 1086 ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 24 in., weight 24 lbs./ft. Wall thickness or gauge No. 264
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 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 970.00 ft. to 1083.96 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 920 ft. to 1100 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite Sand/Cuttings Bentonite (Aqua Guard) _____
 Grout Intervals: From Dirt 0-5 ft. to 5-210 ft., From 825-900 ft. to 210-825 ft., From 900 ft. to 920 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
 Direction from well? north How many feet? 150'

FROM	TO	LITHOLOGIC LOG	FROM	TO	
0	4	Topsoil	600	970	XXXXXXXXXXXXXX
4	32	Clay, brown	970	1020	Sandstone
32	54	Caliche	1020	1036	Clay, white
54	67	Sand and gravel, medium, coarse	1036	1040	Sandstone
67	72	Caliche	1040	1073	Clay, white
72	108	Clay, brown with caliche	1073	1075	Sandstone
108	124	Clay, brown	1075	1100	Shale, gray with some black
124	132	Sand and gravel, fine, medium			
132	155	Clay, brown with caliche			
155	181	Sand and gravel, medium			
181	193	Sand and gravel, very coarse			
193	198	Clay, yellow			
198	520	Shale, gray			
520	560	Chalk with shale, gray			
560	600	Shale, gray			

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) 9-24-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/yr) 10-21-97 under the business name of Clarke Well & Equipment, 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.