1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number		
County: RENO			SE 1/4 SE 1/4 NE 1/4	8	24 SOUTH	4 WEST	
Distance and direction from nearest town or city street address of well if located within city?							
FROM HAVEN, KS: 5 1/2 MILES NORTH 2 WATER WELL OWNER: EXCALIBUR PRODUCTION CO., INC.							
\vdash			N. MAIN, PO BOX	-	culture Division of b	Mater Pesources	
City, Stat	te, ZIP Co	de : MCPH	ERSON, KS 67460	Application N	umber: N/A	water Resources	
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
 	<u>"</u>			LK LLVLL			
	WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering						
					Field Water Supply 10 Monitoring Well		
w		X E	4 Industrial				
						v	
Was a chemical/bacteriological sample submitted to Department? YesNoX. If yes, mo/day/yr sample was submitted							
Water Well Disinfected: Yes NoX							
S							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter3in. Was casing pulled? Yes NoX If yes, how much							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout P	olug Interv	vals: From	11.ft. to3ft	., Fromft. to	oft., From	toft.	
What is	the near	est source of	possible contamination	1:			
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
			7 Pit privy 8 Sewage lagoon				
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Directi	on from we	ell? NORTI	HWEST	How many feet?8	00		
FROM	то	PLU	GGING MATERIALS				
43	11	COARSE	SAND		TIM BUESE.		
11	3	BENTON	ITE HOLEPLUG (CHI				
3	0	CLEAN	TOPSOIL				
				WELL	# 3		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/17/95 and this record is true to the best of my knowledge and belief. Kenses							
on (mo/day/year)3/17/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/year)							
by (signature)							

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.