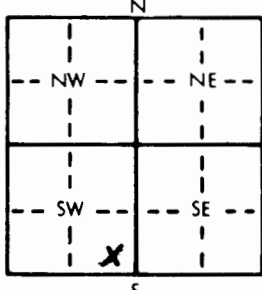


1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 SW 1/4 Section Number 33 Township Number T 26 S Range Number R 24 **EW**  
 County: Ford Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Excel Corporation Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: Fort Dodge Road Application Number:  
 City, State, ZIP Code: Dodge City, KS 67801

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 35' ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.  
 WELL'S STATIC WATER LEVEL 25' . . . . . ft. below land surface measured on mo/day/yr 06/28/90.  
 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 10" . . . . . in. to 35' . . . . . 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 **X** . . . . . If yes, mo/day/yr sample was sub-  
 mitted Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped . . . . .  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
**2 PVC** 4 ABS 7 Fiberglass Threaded . . . . .  
 Blank casing diameter 5" . . . . . in. to 25' . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface . . . . . in., weight . . . . . 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 . . . . . ~~XXX~~ 25' ft. to . . . . . ~~XXX~~ 35' . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From . . . . . 25' . . . . . ft. to . . . . . 35' . . . . . 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 . . . . . 0' . . . . . ft. to 13' . . . . . ft., From . . . . . 13' . . . . . ft. to 25' . . . . . ft., From . . . . . ft. to . . . . . ft.  
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage **16 Other (specify below)**  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **Monitoring Well**  
 Direction from well? North How many feet? Approx. 250'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	2'	Top Soil			
2'	10'	Yellow Clay			
10'	25'	Fine Sand to Medium Gravel			
25'	35'	Yellow Clay			
	35'	Total Depth			

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) 06/28/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ~~510~~ 514 This Water Well Record was completed on (mo/day/yr) 07/12/90 under the business name of Miller Gearhead & Pump Repair, Inc. by (signature) *Everett M. Miller*

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC