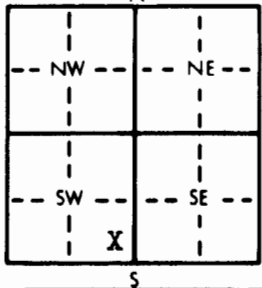


1 LOCATION OF WATER WELL: County: Ford		Fraction SE 1/4 SE 1/4 SW 1/4	Section Number 31	Township Number T 26 S	Range Number R 25 EW
Distance and direction from nearest town or city street address of well if located within city? 4 West of Dodge City, Kansas 114 16th Avenue, Dodge City, Kansas					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code		Mr. Ace Hare 114 16th Avenue Dodge City, Kansas 67801			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: 160 ft. ELEVATION: Slope Depth(s) Groundwater Encountered 1. Not available ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 41 ft. below land surface measured on mo/day/yr Feb. 24, 1988 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 10 in. to 160 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> PVC 3 RMP (SR) <input type="checkbox"/> ABS Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface _____ in. weight 2.8 lbs./ft. Wall thickness or gauge No. 265		5 Wrought iron <input type="checkbox"/> Concrete tile <input type="checkbox"/> CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 6 Asbestos-Cement <input type="checkbox"/> Other (specify below) _____ Welded _____ 7 Fiberglass <input type="checkbox"/> Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)		<input checked="" type="checkbox"/> PVC <input type="checkbox"/> 10 Asbestos-cement			
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____		<input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> 11 None (open hole)			
SCREEN-PERFORATED INTERVALS: From 120 ft. to 160 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From 51 ft. to 160 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other Baroid Hole Plug		Grout Intervals: From 51 ft. to 51 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination: <input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Abandoned water well 2 Sewer lines <input type="checkbox"/> Cess pool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Oil well/Gas well 3 Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Other (specify below) 13 Insecticide storage		Direction from well? West How many feet? 100			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Topsoil			
2	15	Fine Sand			
15	51	Med. to Lar Sand & Gravel			
51	72	Clay			
72	110	Med. to Lar. Sand & Gravel			
110	131	Clay			
131	159	Med. to Lar. Sand & Gravel			
159	160	Clay			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) March 1, 1988 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 252 This Water Well Record was completed on (mo/day/yr) March 2, 1988 under the business name of FRIESEN WINDMILL & SUPPLY INC. by (signature) <i>[Signature]</i>					
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9380. Send one to WATER WELL OWNER and retain one for your records.					

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