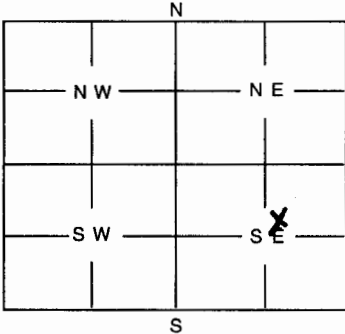


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Ford</u>	<u>SW 1/4 NE 1/4 SE 1/4</u>	<u>34</u>	<u>26</u> <u>223</u>	<u>25W</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>705 S 14th St Dodge City KS</u> <u>MW #6 AA #18</u> 6																																
2	WATER WELL OWNER: <u>River shp</u>																															
RR #, St. Address, Box #: <u>705 S. 14th</u>			Board of Agriculture, Division of Water Resources																													
City, State, ZIP Code: <u>Dodge City, KS</u>			Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																															
		4			DEPTH OF WELL <u>18</u> ft WELL'S STATIC WATER LEVEL <u>17.23</u> ft. <u>below TOC on 3/20/01</u> WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other															
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Was a chemical / bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted																																
Water Well Disinfected: Yes No <u>—</u>																																
5	TYPE OF BLANK CASING USED:																															
<table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																		
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>8'</u> Casing height above or below land surface <u>—3</u> in. <u>+ 10' Section 10</u>																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input checked="" type="checkbox"/> 4 Other <u>Topsoil</u>																															
Grout Plug Intervals: From ft. to ft., From <u>18</u> ft. to <u>1</u> ft., From <u>1</u> to <u>0</u> ft.																																
What is the nearest source of possible contamination:																																
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Direction from well? <u>East</u> How many feet? <u>48'</u>																																
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2-20-02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>575</u> This Water Well Record was completed on (mo/day/year) <u>2-21-02</u> under the business name of <u>FUNKEE DRILLING SERVICE</u> by (signature) <u>[Signature]</u>																															

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.