

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: FORD		SW 1/4 SW 1/4 NW 1/4	4	T 27 S	R 24 E
Distance and direction from nearest town or city? 1 mile East of Dodge City			Street address of well if located within city?		
2 WATER WELL OWNER: MBPX L Corporation			Original Owner was Sam Coughran		
RR#, St. Address, Box #: 1060			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: Dodge City, KS 67801			Application Number: 25228		
3 DEPTH OF COMPLETED WELL: 150 ft. Bore Hole Diameter: . . . in. to . . . 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 Observation well		
Well's static water level . . . ft. below land surface measured on . . . month . . . day . . . year					
Pump Test Data		Well water was . . . ft. after . . . hours pumping . . . gpm			
Est. Yield		Well water was . . . ft. after . . . hours pumping . . . gpm			
4 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 . . .
			7 Fiberglass		Threaded . . .
Blank casing dia . . . in. to . . . 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:					
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: 20 1/4		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-Perforation Dia . . . in. to . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.					
Screen-Perforated Intervals: From . . . ft. to . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
Gravel Pack Intervals: From . . . ft. to . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
5 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other	
Grouted Intervals: From . . . ft. to 150 ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines		5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines		6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
Direction from well . . . How many feet . . . ?		Water Well Disinfected? Yes . . . No . . .			
Was a chemical/bacteriological sample submitted to Department? Yes . . . No . . . If yes, date sample was submitted . . . month . . . day . . . year					
If Yes: Pump Manufacturer's name . . . Model No. . . HP . . . Volts . . .					
Depth of Pump Intake . . . ft.		Pumps Capacity rated at . . . gal./min.			
Type of pump:		1 Submersible	2 Turbine	3 Jet	4 Centrifugal
					5 Reciprocating
					6 Other
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed , (2) reconstructed , or (3) plugged under my jurisdiction and was completed on June month 11 day 1980 year 4					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102					
This Water Well Record was completed on June month 20 day 1980 year under the business name of Layne Western Co Inc by (signature) W. H. Hook					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		This was an irrigation well that was replaced by MBPXL with a potable water supply well replacing Application No. 25228. The well was sealed from 3' to 150' with cement grout placed through a 3" Trieme pipe.			
ELEVATION:					
Depth(s) Groundwater Encountered		1. . . . ft.	2. . . . ft.	3. . . . ft.	4. . . . ft.
(Use a second sheet if needed)					
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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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SW 1/4 SW 1/4 NW 1/4