WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Ford	CAA NE¼ NE¼ SW¼	17	T 27 S	R 24 E/W

Distance and direction from nearest town or city? 1 Mi East 2 South of Dodge City

Street address of well if located within city?

2 WATER WELL OWNER: MBXL Corporation

RR#, St. Address, Box # : P. O. Box 1060

City, State, ZIP Code : Dodge City, Ks. 67801

Well No. 7 (H)

Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL 109 ft. Bore Hole Diameter 8 in. to 109 ft., and ..... in. to ..... ft.

Well Water to be used as: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)

Well's static water level 76 ft. below land surface measured on 5 month 20 day 80 year

Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

Casing Joints: Glued K Clamped ..... Welded ..... Threaded .....

Blank casing dia 5 in. to 59 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 12 in., weight ..... lbs./ft. Wall thickness or gauge No .214

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)

Screen or Perforation Openings Are: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)

Screen-Perforation Dia 5 in. to 109 ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

Screen-Perforated Intervals: From 59 ft. to 109 ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From 50 ft. to 109 ft., 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 0 ft. to 50 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well NE How many feet 30' ± ? Water Well Disinfected? Yes ..... No K

Was a chemical/bacteriological sample submitted to Department? Yes ..... No K If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes ..... No K

If Yes: Pump Manufacturer's name ..... Model No. ..... HP ..... Volts .....

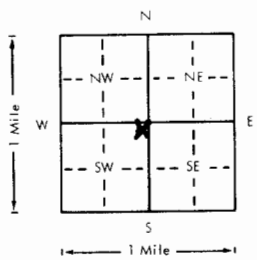
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

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 4 month 28 day 80 year, 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 5 month 21 day 80 year under the business name of Layne Western Company, Inc. by (signature) D. Hoke

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	Sandy top soil			
10	35	Sandy brown clay			
35	50	Fine sand			
50	82	Med. sand			
82	120	Med. gravel w/clay lense			
		Hole 120'			
		16			
		44			

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 T 27 R 24 E/W SEC. 17 1/4 NE 1/4 SW 1/4