

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Ford</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Fraction<br><u>1/4 NE 1/4 NE 1/4 SE 1/4</u> |      | Section Number<br><u>17</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Township Number<br><u>27 S</u> | Range Number<br><u>24</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here <input type="checkbox"/><br><br><u>1 mi E of Dodge City on Hwy 154</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                             |      | <b>Global Positioning Systems (GPS) Information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27<br>Collection Method:<br><input type="checkbox"/> GPS unit Make/Model: _____<br><input type="checkbox"/> Digital Map/Photo <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> <3 m <input type="checkbox"/> 3-5 m <input type="checkbox"/> 5-15 <input type="checkbox"/> >15 |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b> <u>Cargill</u><br>RR#, St. Address, Box # <u>PO Box 1060</u><br>City, State ZIP Code <u>Dodge City, KS 67801</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px; text-align: center;">X</td> </tr> </table> <p style="margin-top: 5px;">S</p> <p style="margin-left: 20px;">W</p> <p style="margin-right: 20px;">E</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                             |      | NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NE                             | SW                                                                                         | X    | <b>4 DEPTH OF WELL:</b> <u>99.4</u> ft.<br>WELL'S STATIC WATER LEVEL: <u>Dry</u> ft.<br>WELL WAS USED AS:<br><input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Old Field Water Supply <input checked="" type="checkbox"/> Monitoring<br><input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn/Garden) <input type="checkbox"/> Injection Well<br><input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____<br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NE   |                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X    |                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF BLANK CASING USED:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____<br><input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos/Cement <input type="checkbox"/> Concrete Tile<br>Blank casing diameter: <u>4</u> in. Was casing pulled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much <u>3'</u><br>Casing height above or below land surface: _____ in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other: _____<br>Grout Plug Intervals: From <u>3</u> ft. To <u>99.4</u> ft. From _____ ft. To _____ ft. From _____ ft. To _____ ft.<br>What is the nearest source of possible contamination:<br><input type="checkbox"/> Septic tank <input type="checkbox"/> Seepage pit <input type="checkbox"/> Fuel storage <input type="checkbox"/> Other (specify below): _____<br><input type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage<br><input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Insecticide storage<br><input type="checkbox"/> Lateral lines <input type="checkbox"/> Feedyard <input type="checkbox"/> Abandoned water well Direction from well: _____<br><input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well How many feet: _____ |      |                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIAL</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">PLUGGING MATERIAL</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Native soil (12")</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>99.4</td> <td>Bentonite (4")</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>IR-4</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>                                                                                                                                                                    |      |                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PLUGGING MATERIAL | FROM | TO | PLUGGING MATERIAL | 0 | 3 | Native soil (12") |  |  |  | 3 | 99.4 | Bentonite (4") |  |  |  |  |  |  |  |  | IR-4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO   | PLUGGING MATERIAL                           | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PLUGGING MATERIAL              |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | Native soil (12")                           |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 99.4 | Bentonite (4")                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/7/2014</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> . This Water Well Record was completed on (mo/day/year) <u>5/28/2014</u> under the business name of <u>GeoCore Inc.</u> by (signature) <u><i>Paul Kell</i></u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |      |    |                   |   |   |                   |  |  |  |   |      |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |