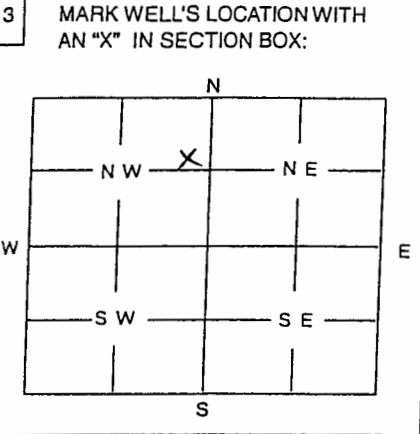


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Cloud SE 1/4 NE 1/4 NW 1/4 4 65 3W

Distance and direction from nearest town or city street address of well if located within city?  
1302 Lincoln - Concordia, Kansas

2 WATER WELL OWNER: Mai Sales, Inc.  
 RR #, St. Address, Box #: 400 N. Woodlawn, Suite 212 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Wichita, Kansas 67208 Application Number: \_\_\_\_\_



4 DEPTH OF WELL ..... 25 ..... ft  
 WELL'S STATIC WATER LEVEL 208.7 ft.  
 WELL WAS USED AS:  
 1 Domestic 5 Public Water Supply 9 Dewatering  
 2 Irrigation 6 Oil Field Water Supply 10  Monitoring Well  
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well  
 4 Industrial 8 Air Conditioning 12 Other .....  
 Was a chemical / bacteriological sample submitted to Department? Yes ..... No   
 If yes, mo/day/yr sample was submitted .....  
 Water Well Disinfected: Yes ..... No

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  
 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile .....  
 Blank casing diameter..... 2 ..... in. Was casing pulled? Yes ..... No   
 Casing height above or below land surface ..... 1.2 ..... in. If yes, how much .....

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  Bentonite 4 Other .....  
 Grout Plug Intervals: From 25 ft. to 0 ft., From ..... ft. to ..... ft., From ..... to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 6 Seepage pit 11 Fuel storage 16  Other (specify below)  
 2 Sewer lines 7 Pit privy 12 Fertilizer storage ..... U.S.T. Basin .....  
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage  
 4 Lateral lines 9 Feedyard 14 Abandoned water well  
 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well  
 Direction from well? NW How many feet? 160

FROM	TO	PLUGGING MATERIALS
15	25	2" Bentonite
1	15	8" Bentonite
0	1	Topsoil

MW-2 Plugged

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-1-00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 10-10-00 under the business name of GasCore Services, Inc  
 by (signature) Dale Kelly

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.