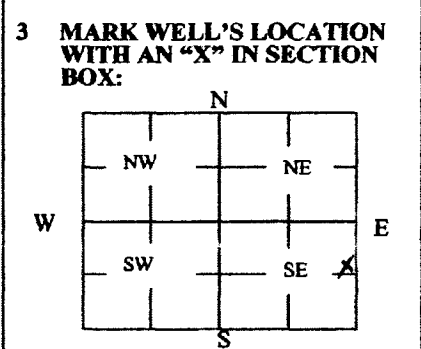


1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 NE 1/4 SE 1/4 Section Number 12 Township Number T 12 S Range Number 23 E W
 County: Trego

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 17067 290th Ave. Ogallah, KS 67656
 Global Positioning Systems (GPS) information:
 Latitude: 39.01997 (in decimal degrees)
 Longitude: -99.81656 (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Kevin Newcomer
 RR#, St. Address, Box #: 17050 290th Ave.
 City, State ZIP Code: Ogallah, KS 67656
 GPS unit (Make/Model): _____
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m



4 DEPTH OF WELL unknown ft.
 WELL'S STATIC WATER LEVEL unknown ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile
 Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 12 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From 3 ft. to 0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? SW
 Cess pool Livestock pens Oil well/Gas well How many feet? 100'

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>Bottom</u>	<u>3'</u>	<u>Badger dirt</u>	<u>3'</u>	<u>Top</u>	<u>Quik Crete Cement</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 05-14-2015 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 05-18-2015 under the business name of _____ by (signature) Kevin C. Newcomer

INSTRUCTIONS: Use typewriter or ballpoint 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, 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 <http://www.kdheks.gov/waterwell/index.html>.