

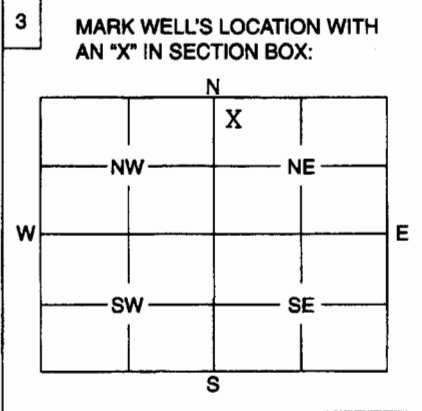
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Kearny	NW ¼ NE ¼ NE ¼	27	24	36

Distance and direction from nearest town or city street address of well if located within city?

Kansas Street

2 WATER WELL OWNER: FARMERS COOPERATIVE

RR #, St. Address, Box #: 200 N. MAIN Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : LAKIN, KS Application Number:



4 DEPTH OF WELL .....18.1..... ft.

WELL'S STATIC WATER LEVEL .....18.1..... 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)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter .....2..... in. Was casing pulled? Yes ..... No ..... If yes, how much .....3' drilled out.....

Casing height above or below land surface .....0..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Plug Intervals: From .....3..... ft. to .....18.1..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	10 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	11 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	12 Insecticide storage	
4 Lateral lines	9 Feedyard	13 Abandoned water well	
5 Cess pool	10 Livestock pens	14 Oil well/Gas well	

Direction from well? .....SW..... How many feet? .....640.....

FROM	TO	PLUGGING MATERIALS
0	3	Native soil
3	18.1	Bentonite (2")

MW4

KDHE #U1 047 00304

GeoCore #296

CORRECTED

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) .....7/10/2007..... 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) .....7/12/2007..... under the business name of GeoCore, Inc. ....

by (signature) *Bob 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

