

LOCATION OF WATER WELL: Fraction 1/4 NW 1/4 NW 1/4 NW 1/4 Section Number 20 Township Number T 25 S Range Number 30 E W
 County: Gray

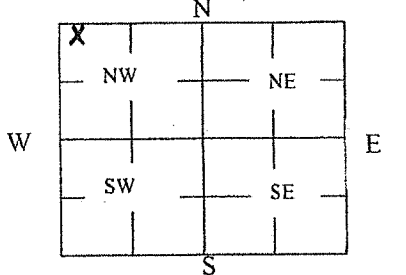
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27

WATER WELL OWNER: WR Renick Inc.
6514 US. Hwy 50
 RR#, St. Address, Box # Ingalls KS. 67853-9209
 City, State ZIP Code:

Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

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



4 DEPTH OF WELL 15 ft.

WELL'S STATIC WATER LEVEL None ft

- WELL WAS USED AS:
- | | | |
|--|---|---|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input checked="" type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes No

TYPE OF BLANK CASING USED:

- Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 48 in. Was casing pulled? Yes No If yes, how much 15 ft.
 Casing height above or below land surface 12 in.

GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Gravel + Sandy Clay

Grout Plug Intervals: From 15 ft. to 12 ft., From 12 ft. to 8 ft., From 8 to 0 ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	_____
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	_____
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
15	12	Cement			
12	8	Gravel			
8	0	Sandy Clay			

Original Returned to Sender for Correction Date: 11-17-10

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-12-2010 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) 7/15/10 under the business name of _____ by (signature) WR Renick Inc by David J. Reynolds V.P.

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>.

Check one: White Copy Blue Copy Pink Copy