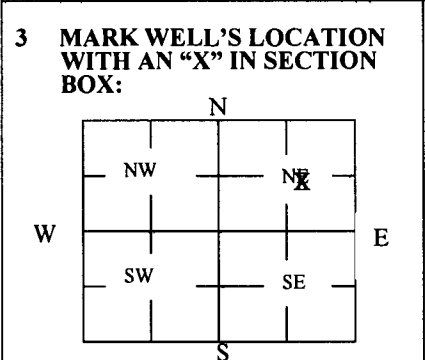


**1 LOCATION OF WATER WELL:** Fraction **NC** Section Number **2** Township Number **T 25 S** Range Number **35**  E  W  
 County: **KEARNY**  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  NE  $\frac{1}{4}$

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  S SIDE OF LAKIN- 1 M S, 7-1/4 M E,  
1 M S, 3,960 FT. NORTH & 1,070 FT. WEST

**2 WATER WELL OWNER:** WHEATLAND ELECTRIC  
 RR#, St. Address, Box #: PO BOX 230  
 City, State ZIP Code: SCOTT CITY, KS 67871

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



**4 DEPTH OF WELL** 234 ft.  
 WELL'S STATIC WATER LEVEL 190 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 16 in. Was casing pulled? Yes  No  If yes, how much 36 IN.  
 Casing height above or below land surface 36 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_  
 Grout Plug Intervals: From 3 ft. to 190 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ 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  N/A  
 Watertight sewer lines  Sewage lagoon  Insecticide storage \_\_\_\_\_  
 Lateral lines  Feedyard  Abandoned water well Direction from well? \_\_\_\_\_  
 Cess pool  Livestock pens  Oil well/Gas well How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0'	3'	TOP SOIL			
3'	190'	CEMENT GROUT			
190'	234'	CHLORINATED GRAVEL			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-20-14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 208. This Water Well Record was completed on (mo/day/year) 3-26-14 under the business name of MINTER-WILSON DRILLING CO., INC. by (signature) Nora Keller

**INSTRUCTIONS:** 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 <http://www.kdheks.gov/waterwell/index.html>.