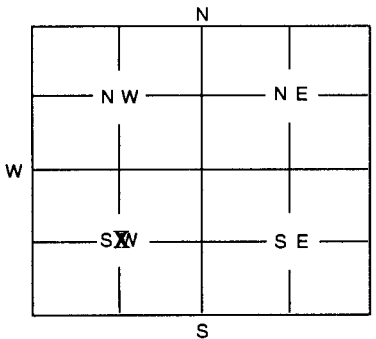


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Kearny	$\frac{1}{4}$ $\frac{1}{4}$ SW $\frac{1}{4}$	36	25	36

Distance and direction from nearest town or city street address of well if located within city? **From south side of Lakin, 1 M. S., $\frac{1}{2}$ M. E., 6 M. S. to Parallel Rd., 2 M. E., 1,320 Ft. North & 3,960 Ft. West**

2	WATER WELL OWNER: A I Leasing
RR #, St. Address, Box #:	PO Box 897
City, State, ZIP Code :	Garden City, KS 67846
Board of Agriculture, Division of Water Resources	Application Number: 19,156

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 259 ft												
		WELL'S STATIC WATER LEVEL 190 ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		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
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4 Industrial	8 Air Conditioning	12 Other													
Was a chemical / bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes X 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 16 in. Was casing pulled? Yes No X If yes, how much Casing height above or below land surface 36 in. Below	

6	GROUT PLUG MATERIAL: 1 Neat cement ② Cement grout 3 Bentonite 4 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: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td>N/A</td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>		1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well	N/A	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	
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Direction from well? How many feet?																					

FROM	TO	PLUGGING MATERIALS
0	3	Top Soil
3	190	Cement Grout
190	259	Chlorinated Gravel

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-12-09 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) 1-13-09 under the business name of Minter-Wilson Drilling Co., Inc. by (signature) <i>Nora Keller</i>
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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.