

1 LOCATION OF WATER WELL: County: KEARNY	Fraction <u>1/4 SW 1/4 NE 1/4 SW 1/4</u>	Section Number 23	Township Number T 26 S	Range Number 35 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here SE of Deerfield Ks., approx. 4.5 miles

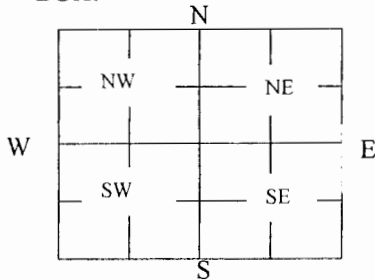
Global Positioning Systems (GPS) information:
 Latitude: 37.76951 (in decimal degrees)
 Longitude: 101.12111 (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method: _____

SE from the intersection of AA Road & Parallel Road

2 WATER WELL OWNER: Beymer & Beymer Inc.
 RR#, St. Address, Box #: P.O. Box 363
 City, State ZIP Code: Lakin Ks., 67860

GPS unit (Make/Model: Garmin eTrex-10)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

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



4 DEPTH OF WELL 395' ft.

WELL'S STATIC WATER LEVEL 258' 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

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 60"
 Casing height above or below land surface Below 60" in.

6 GROUT PLUG MATERIAL:

- Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 10' ft. to 5' ft., From _____ ft. to _____ ft., From _____ to _____ 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 checked="" type="checkbox"/> Other (specify below)
None Observed |
| <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 | |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | |
- Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
395'	258'	Chlorinated Sand	258'	10'	Oversized Rock w/Clay Chunks
10'	5'	3,000 PSI Concrete	5'	0'	Cut off Casing and Backfilled

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-8-2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 11-13-2017 under the business name of Hydro Resources Mid Continent by (signature) Gary Clepper

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