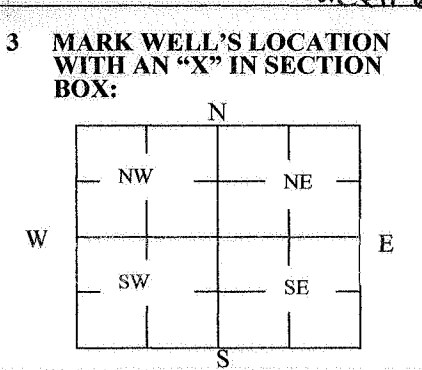


**1 LOCATION OF WATER WELL:** Fraction NW 1/4 NE 1/4 NW 1/4 NW 1/4 Section Number 30 Township Number T 2 S Range Number 32  E  W  
 County: Rawlins

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  Ruby Lechner  
458 Elm Street  
Ludell 67744

**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

**2 WATER WELL OWNER:** Ruby Lechner  
 RR#, St. Address, Box #: 458 Elm Street  
 City, State ZIP Code: Ludell 67744



**4 DEPTH OF WELL** 41 ft.  
 WELL'S STATIC WATER LEVEL 38 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 \_\_\_\_\_ in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_  
 Grout Plug Intervals: From 41 ft. to 10 ft., From 10 ft. to 00 ft., From \_\_\_\_\_ ft. 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  
 Watertight sewer lines  Sewage lagoon  Insecticide storage  
 Lateral lines  Feedyard  Abandoned water well  
 Cess pool  Livestock pens  Oil well/Gas well  
well in pit 911 measurements  
was top of casing in pit  
 Direction from well? \_\_\_\_\_  
 How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>41</u>	<u>10</u>				
<u>10</u>	<u>0</u>				

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-29-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 822. This Water Well Record was completed on (mo/day/year) 10-2-13 under the business name of Oberlinwell Service LLC by (signature) [Signature]

**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>.