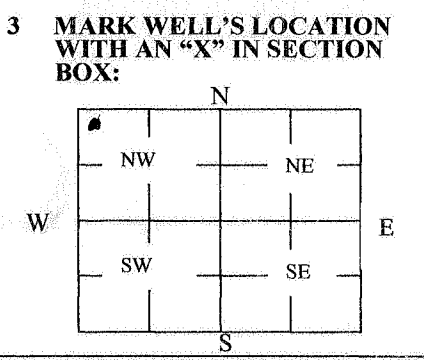


1 LOCATION OF WATER WELL: County: Rawlins Fraction SW 1/4 NW 1/4 NW 1/4 Section Number 30 Township Number T 2 S Range Number 32 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Gregory & Ling Mumm
560 Demmick
Ludell, KS 67740

Global Positioning Systems (GPS) information:
Latitude: 39.85638 (in decimal degrees)
Longitude: 100.96108 (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:
RR#, St. Address, Box #: (same)
City, State ZIP Code: _____



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 0 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below) well is in pit & all measurements were to top of casing in pit, pit is 5.5' from ground
 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
Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>41</u>	<u>10</u>	<u>Chlorinated sand</u>			
<u>10</u>	<u>0</u>	<u>Neat cement</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 Obesim Well Service LLC by (signature) Anthony S. Miller

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>.