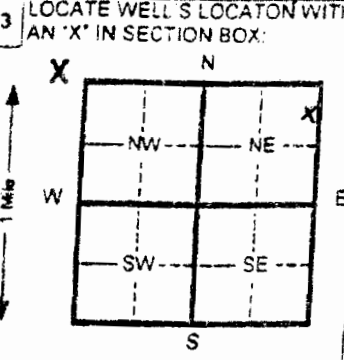


1 LOCATION OF WATER WELL. Fraction SE 1/4 NE 1/4 NE 1/4 Section Number 12 Township Number T 32 S Range Number R 37 EW
 County: Stevens

Distance and direction from nearest town or city street address of well if located within city?
From Hugoton - North on Hwy 25 to Road V - 3 miles East - 1 mile North

2 WATER WELL OWNER Linly Timken
 RR# St Address Box # 203 Washington Board of Agriculture, Division of Water Resources
 City, State, ZIP Code Hugoton, KS 67951 Application Number:



4 DEPTH OF COMPLETED WELL 125 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 1 ft. 2 1 ft. 3 1 ft.
 WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter _____ in. to _____ ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 Domestic Feed lot Oil field water supply Air conditioning Injection well
 Irrigation Industrial Lawn and garden (domestic) Dewatering Other (Specify below)
 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No if yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Iron Concrete tile CASING JOINTS: Glued Clamped
 PVC ABS Asbestos-Cement Other (specify below) Welded
 Fiberglass Threaded
 Blank casing diameter 5 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface _____ in. weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless steel Fiberglass RMP (SR) Asbestos-cement
 Brass Galvanized steel Concrete tile ABS Other (specify) _____
 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauzed wrapped Saw cut None (open hole)
 Louvered shutter Key punched Wire wrapped Drilled holes
 Torch cut Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout intervals From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Abandoned water well
 Sewer lines Cess pool Sewage lagoon Fuel storage Oil well/ Gas well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Other (specify below) none observed
 Insecticide storage

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
				175	165	Bentonite Plug
				165	13	Compacted Fill
				13	3	Cement Plug

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was _____
 completed on (mo/day/yr) 9-8-09 and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. 473 This Water Well Record was completed on (mo/day/yr) 9-14-09
 under the business name of Tyler Water Well Serv by (signature) Paul Taylor

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 68620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.