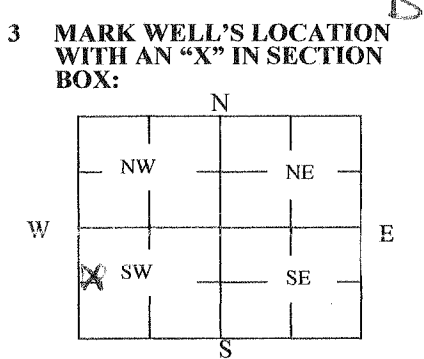


1 LOCATION OF WATER WELL: Fraction SW 1/4 1/4 1/4 1/4 Section Number 4 Township Number T 5 S Range Number 38 E W
 County: Cheyenne

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 3 mi W + 8 mi S of Bird City
 Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Tony Walden
 RR#, St. Address, Box #: 2455 RD D
 City, State ZIP Code: Bird City KS 67731
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, > 15 m
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey



4 DEPTH OF WELL 67731 ft. Well caved in
 WELL'S STATIC WATER LEVEL ? 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 5 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From 0 ft. to 3 ft., From _____ ft. to _____ 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
 Direction from well? North
 How many feet? 100 Ft

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3'</u>	<u>Cement</u>			
		<u>Well was caved in</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-15-14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 10-15-14 under the business name of _____ by (signature) Tony Walden

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>.