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|---|---------------------------------|----------------------|--------------------------|---|
| 1 LOCATION OF WATER WELL: County: Sherman | Fraction NE ¼ NE ¼ SW ¼ SE ¼ | Section Number 19 | Township Number T 8 S | Range Number 39 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|---------------------------------|----------------------|--------------------------|---|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 1801 Main Street, Goodland, KS 67735

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: Kyles Railroad Co.
 RR#, St. Address, Box #: 38 Railroad Ave
 City, State ZIP Code: Phillipsburg, KS 67661

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

4 DEPTH OF WELL 206 ft.
 WELL'S STATIC WATER LEVE DRY 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 MW5
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

Steel PVC RMP (SR) ABS Wrought Asbestos-Cement Fiberglass Concrete Tile Other (Specify below) _____

Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much 3 feet
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 3 ft. to 206 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Sewer lines Watertight sewer lines Lateral lines Cess pool
 Seepage pit Pit privy Sewage lagoon Feedyard Livestock pens
 Fuel Storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well
 Other (specify below) Lust Site
 Direction from well? _____
 How many feet? _____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-----|--------------------|------|----|--------------------|
| 0 | 1 | Gravel | | | |
| 1 | 3 | Native Soils | | | |
| 3 | 206 | Bentonite Grout | | | |
| | | | | | MW5 |
| | | | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03/17/2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 04/13/2016 under the business name of Coranco Great Plains, Inc. by (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>.