

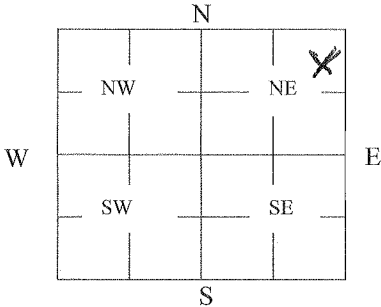
1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 NE 1/4 Section Number 14 Township Number 11S Range Number 14  EW  
 County: Shawnee

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: William S & Delores M Williams Trust  
 RR#, St. Address, Box #: P.O. Box 57  
 City, State ZIP Code: Rossville, KS 66533

Global Positioning Systems (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

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



4 DEPTH OF WELL 49 ft.

WELL'S STATIC WATER LEVEL 21 ft.

WELL WAS USED AS:

- 1 Domestic
- 2 Irrigation
- 3 Feedlot
- 4 Industrial
- 5 Public Water Supply
- 6 Oil Field Water Supply
- 7 Domestic (Lawn & Garden)
- 8 Air Conditioning
- 9 Dewatering
- 10 Monitoring
- 11 Injection Well
- 12 Other \_\_\_\_\_

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No

5 TYPE OF BLANK CASING USED:  
 1 Steel     3 RMP (SR)     5 Wrought     7 Fiberglass     9 Other (Specify below) \_\_\_\_\_  
 2 PVC     4 ABS     6 Asbestos-Cement     8 Concrete Tile

Blank casing diameter 18 in. Was casing pulled? Yes  No \_\_\_\_\_ If yes, how much 7 ft  
 Casing height above or below land surface 84 in.

6 GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout    3 Bentonite    4 Other \_\_\_\_\_

Grout Plug Intervals: From 5.5 ft. to 5 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

- 1 Septic tank
- 2 Sewer lines
- 3 Watertight sewer lines
- 4 Lateral lines
- 5 Cess pool
- 6 Seepage pit
- 7 Pit privy
- 8 Sewage lagoon
- 9 Feedyard
- 10 Livestock pens
- 11 Fuel Storage
- 12 Fertilizer storage
- 13 Insecticide storage
- 14 Abandoned water well
- 15 Oil well/Gas well
- 16 Other (specify below) \_\_\_\_\_

Direction from well? North  
 How many feet? 3/4 mile

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>41</u>	<u>5.5</u>	<u>Sand</u>			
<u>5.5</u>	<u>5</u>	<u>Bentonite</u>			
<u>5</u>	<u>0</u>	<u>Topsoil</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-19-11 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) 12-19-11 under the business name of Midwest Irrigation Systems by (signature) Gordon Mechal

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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.