

|  |  |                            |                                  |  |
|--|--|----------------------------|----------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Shawnee</u> | Fraction<br><u>NE 1/4 SE 1/4 of SE 1/4</u> | Section Number<br><u>8</u> | Township Number<br><u>T 11 S</u> | Range Number<br><u>14</u> <input checked="" type="checkbox"/> E <input 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 <input type="checkbox"/> <u>1037<sup>A</sup> Parr Rd</u><br><br><u>Silver Lake, KS 66539</u> | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
|---|--|

**2 WATER WELL OWNER:** Nancy L. Thomas Trust  
 RR#, St. Address, Box #: 3935 NW Thomas Rd,  
 City, State ZIP Code: Silver Lake, KS 66539

|  |   |   |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
|--|---|---|----|----|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|-------------------------------------|--|---|-------------------------------------|----------------------------------|---|---|-------------------------------------|---|--------------------------------------|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">                 N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px;">NW</td><td style="width: 20px;"></td><td style="width: 20px;">NE</td></tr> <tr><td style="width: 20px;">SW</td><td style="width: 20px;"></td><td style="width: 20px;">SE</td></tr> </table>                 S<br/>                 W <span style="margin-left: 100px;">E</span> </div> <div style="text-align: right; margin-top: 10px;"> <table border="1" style="margin-left: auto; border-collapse: collapse;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table> </div> | NW  |   | NE | SW |  | SE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>4 DEPTH OF WELL</b> <u>67</u> ft.<br><b>WELL'S STATIC WATER LEVEL</b> <u>25</u> ft.<br><b>WELL WAS USED AS:</b><br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input checked="" type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | <input checked="" type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |
| NW   |   | NE                                      |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
| SW   |   | SE                                      |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
|  |   |   |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
|  |   |   |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
|  |   |   |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
|  |   |   |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
|  |   |   |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Domestic  | <input type="checkbox"/> Public Water Supply      | <input type="checkbox"/> Dewatering     |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
| <input checked="" type="checkbox"/> Irrigation   | <input type="checkbox"/> Oil Field Water Supply   | <input type="checkbox"/> Monitoring     |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Feedlot   | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> Air Conditioning         | <input type="checkbox"/> Other _____    |    |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |                                     |  |   |                                     |                                  |   |   |                                     |   |                                      |

**5 TYPE OF BLANK CASING USED:**

|                                |                                   |  |   |  |
|--------------------------------|-----------------------------------|--|---|--|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought         | <input type="checkbox"/> Fiberglass               | <input type="checkbox"/> Other (Specify below) _____ |
| <input type="checkbox"/> PVC   | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input checked="" type="checkbox"/> Concrete Tile |  |

Blank casing diameter 17 in. Was casing pulled? Yes  No  If yes, how much 4'  
 Casing height above or below land surface +12 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 67 ft. to 3 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Septic tank            | <input type="checkbox"/> Seepage pit    | <input type="checkbox"/> Fuel Storage         | <input checked="" type="checkbox"/> Other (specify below) <u>none</u> |
| <input type="checkbox"/> Sewer lines            | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   |   |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon  | <input type="checkbox"/> Insecticide storage  |   |
| <input type="checkbox"/> Lateral lines          | <input type="checkbox"/> Feedyard       | <input type="checkbox"/> Abandoned water well | Direction from well? _____  |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? _____  |

| FROM       | TO        | PLUGGING MATERIALS      | FROM | TO | PLUGGING MATERIALS |
|------------|-----------|-------------------------|------|----|--------------------|
| <u>67'</u> | <u>3'</u> | <u>Cement</u>           |      |    |                    |
| <u>3'</u>  | <u>0'</u> | <u>surrounding soil</u> |      |    |                    |
|            |           |                         |      |    |                    |
|            |           |                         |      |    |                    |
|            |           |                         |      |    |                    |
|            |           |                         |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/12/2012 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) 12/12/2012 under the business name of Nancy L. Thomas Trust by (signature) Nancy L. Thomas, Trustee

**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>.

Check one:  White Copy  Blue Copy  Pink Copy