

1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 S 1/2 SE 1/4 Section Number 11 Township Number T 11 S Range Number 2 E W
 County: PICKINSON

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

2 WATER WELL OWNER: Gregg Sexton
 RR#, St. Address, Box #: 1228 3400 Ave
 City, State ZIP Code: Abilene KS 67410

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

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

N			
W	NW	NE	E
	SW	SE	
S			

4 DEPTH OF WELL 38 ft.
 WELL'S STATIC WATER LEVEL 21 ft.
 WELL WAS USED AS:
 Domestic Irrigation Public Water Supply Dewatering
 Feedlot Oil Field Water Supply Monitoring
 Industrial Domestic (Lawn & Garden) Injection Well
 Air Conditioning Other Pasture

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 21 ft. to 3 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below) Stream
 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? E
 How many feet? 250

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>38</u>	<u>21</u>	<u>Washed 3/4-3/16 Wash Limestone</u>			
<u>21</u>	<u>3</u>	<u>Bentonite</u>			
		<u>2 gallons of Bleach Poured in Before Starting</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-23-2017 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) 2-24-2017 under the business name of _____ by (signature) Gregg Sexton

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>.