

1 LOCATION OF WATER WELL: County: <u>Dickinson</u>	Fraction <u>1/4 SW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>33</u>	Township Number <u>14 S</u>	Range Number <u>3</u> ☒ E ☐ W
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Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here ☐

152 Main Street, Navarre

Global Positioning Systems (GPS) Information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

Datum: ☐ WGS84 ☐ NAD83 ☐ NAD27

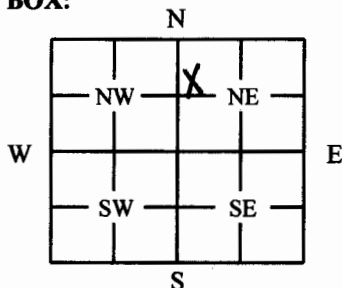
Collection Method:

☐ GPS unit Make/Model: _____

☐ Digital Map/Photo ☐ Topographic Map ☐ Land Survey

Est. Accuracy: ☐ <3 m ☐ 3-5 m ☐ 5-15 ☐ >15

2 WATER WELL OWNER: North Central Kansas Cooperative
RR#, St. Address, Box # PO Box 157
City, State ZIP Code Hope, KS 67451

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

4 DEPTH OF WELL: 37.18 ft.

WELL'S STATIC WATER LEVEL: 29.65 ft.

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|--|
| ☐ Domestic | ☐ Public Water Supply | ☐ Dewatering |
| ☐ Irrigation | ☐ Old 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: _____ |
| ☒ PVC | ☐ ABS | ☐ Asbestos/Cement | ☐ Concrete Tile | |

Blank casing diameter: 2 in. Was casing pulled? ☒ Yes ☐ No If Yes, how much 3'

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 37.18 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 | Direction from well: _____ |
| ☐ Cess pool | ☐ Livestock pens | ☐ Oil well/Gas well | How many feet: _____ |

FROM	TO	PLUGGING MATERIAL	FROM	TO	PLUGGING MATERIAL
0	3	Native soil			
3	37.18	Bentonite (2")			
					MW2/SB2

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/2/2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 3/10/2016 under the business name of GeoCore Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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>.