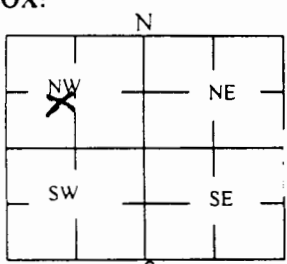


<b>1 LOCATION OF WATER WELL:</b> County <u>FRANKLIN</u>	Fraction <u>NE 1/4 SW 1/4 NW 1/4</u>	Section Number <u>15</u>	Township Number <u>T 17 S</u>	Range Number <u>21</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>4475' west and 3770' north of South east corner of Sec 15</u>		<b>Global Positioning Systems (GPS) information:</b> Latitude: <u>-95.08079</u> (in decimal degrees) Longitude: <u>38.57480</u> (in decimal degrees) Elevation: <u>874'</u> Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>garmin NVU</u> ) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m		
<b>2 WATER WELL OWNER:</b> <u>SIEG ENERGY, INC</u> RR#, St. Address, Box #: <u>726 S. Cedar</u> City, State ZIP Code: <u>OTTAWA, KS 66067</u>				

<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF WELL</b> <u>86'</u> ft. WELL'S STATIC WATER LEVEL <u>34'</u> ft. WELL WAS USED AS: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input checked="" 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 _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter 8" in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 6 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other 50/50 Cement

Grout Plug Intervals: From 60 ft. to 0 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 \_\_\_\_\_  
 Cess pool  Livestock pens  Oil well/Gas well  \_\_\_\_\_  
 Direction from well? West  
 How many feet? 150'

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>86'</u>	<u>60'</u>	<u>12-20 Sand</u>			
<u>60'</u>	<u>0'</u>	<u>50/50 poz cement</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-3-14 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) 12-30-14 under the business name of \_\_\_\_\_ by (signature) M. Aleg

**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>.