

1 LOCATION OF WATER WELL: County: <u>Nemaha</u>	Fraction <u>SE</u> ¼ ¼ ¼	Section Number <u>1</u>	Township Number <u>4</u>	Range Number <u>11</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

103 Maple St
Centralia KS 66415

2 WATER WELL OWNER: <u>Lisa Schmitz</u> RR#, St. Address, Box #: <u>701 7th St.</u> City, State ZIP Code: <u>Centralia KS 66415</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
	NW		NE
W			E
	SW		SE
S			

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4 DEPTH OF WELL 22 ft.

WELL'S STATIC WATER LEVEL 14 ft.

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other _____

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

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 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 15 in. Was casing pulled? Yes _____ No If yes, how much _____
Casing height above or below land surface 6 in.

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

Grout Plug Intervals: From 12 ft. to 3 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	6 Seepage pit	11 Fuel Storage	16 Other (specify below)
<input checked="" type="checkbox"/> 2 Sewer lines	7 Pit privy	12 Fertilizer storage	<u>*</u>
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	Direction from well? <u>east</u>
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? <u>15</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>22</u>	<u>12</u>	<u>Sand</u>			
<u>12</u>	<u>3</u>	<u>Bentonite</u>			
<u>3</u>	<u>0</u>	<u>Top Soil</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/20/12 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) 8/28/12 under the business name of _____ by (signature) Mary Gore

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>.