

**1 LOCATION OF WATER WELL:** County: Coffey Fraction: 1/4 NE 1/4 NE 1/4 Section Number: 12 Township Number: 80S Range Number: 16 E

Distance and direction from nearest town or city street address of well if located within city?

5 miles So. of Waverly, Ks

**2 WATER WELL OWNER:** Pub # 4 Anderson Co. Ks.  
 RR#, St. Address, Box #: 11748 NW 1700 Rd  
 City, State ZIP Code: Westphalia, Ks 66093

**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

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

N	
NW	NE <b>X</b>
SW	SE

S 20th Rd

Waverly Rd

**4 DEPTH OF WELL** 220 ft.  
 WELL'S STATIC WATER LEVEL 145 ft. #7  
 WELL WAS USED AS:

1 Domestic	<b>5 Public Water Supply</b>	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	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

Blank casing diameter 6 in. Was casing pulled? Yes \_\_\_\_\_ No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 12 in.

**6 GROUT PLUG MATERIAL:**  1 Neat cement  **2 Cement grout**  **3 Bentonite**  4 Other \_\_\_\_\_

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

What is the nearest source of possible contamination:

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

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>220</u>	<u>120</u>	<u>Bentonite Hole Plug</u>			
<u>120</u>	<u>3</u>	<u>Cement Grout</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/21/2009 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 591. This Water Well Record was completed on (mo/day/year) 1/4/2010 under the business name of K-W Oil Well Serv. Inc. by (signature) Jim Reilly

**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>.