

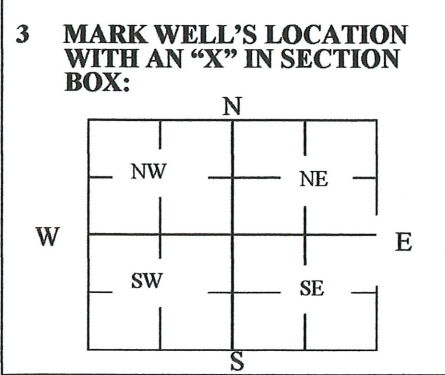
| | | | | |
|--|------------------------------|----------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: Butler | Fraction NW ¼ SW ¼ NW ¼ ¼ | Section Number 21 | Township Number T 26 S | Range Number 3 <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|--|------------------------------|----------------------|---------------------------|--|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Jerry Long
14920 SW 34th
Benton, KS. 67017

Global Positioning Systems (GPS) information: ^{BDA}
 Latitude: 37.776233 (in decimal degrees)
 Longitude: -97.1150687 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER:
 RR#, St. Address, Box #:
 City, State ZIP Code:

GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 42 _____ ft.
WELL'S STATIC WATER LEVEL 20 _____ ft

WELL WAS USED AS:

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input 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 No

5 TYPE OF BLANK CASING USED:

| | | | | |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other (Specify below) _____ |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | |

Blank casing diameter 5 _____ in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 72" below _____ in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Concrete _____

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

What is the nearest source of possible contamination:

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input checked="" type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | _____ |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | _____ |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? _____ |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? _____ |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-----|--------------------|------|----|--------------------|
| 0 | 42' | Concrete | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 09/26/2024 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 913. This Water Well Record was completed on (mo/day/year) 10/10/24 under the business name of Flint Hills Windmill and Well Pump Service by (signature) *[Signature]*