

1 **LOCATION OF WATER WELL:** Fraction SW 1/4 Section Number 4 Township Number T 29 S Range Number 1 ☒ E ☐ W
 County: Shawnee

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 77572 Laura

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
 Collection Method: _____

2 **WATER WELL OWNER:** Mrs. Lindholm
 RR#, St. Address, Box #: 77572 Laura
 City, State ZIP Code: Hageville, KS 67233

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

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

N	
NW	NE
SW	SE
S	

W E

4 **DEPTH OF WELL** 26 ft.
WELL'S STATIC WATER LEVEL 16 ft.
WELL WAS USED AS:
☒ Domestic ☐ Public Water Supply ☐ Dewatering
☐ Irrigation ☐ Oil 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 (Specify below)
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile
 Blank casing diameter 1 1/4 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 5'
 Casing height above or below land surface 60 in.

6 **GROUT PLUG MATERIAL:** ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____
 Grout Plug Intervals: From 26 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? South
 How many feet? 50

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
26	0	Cement grout			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-7-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 872. This Water Well Record was completed on (mo/day/year) 2-7-13 under the business name of Bearden Pump & Well by (signature) Dave Beck

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>.