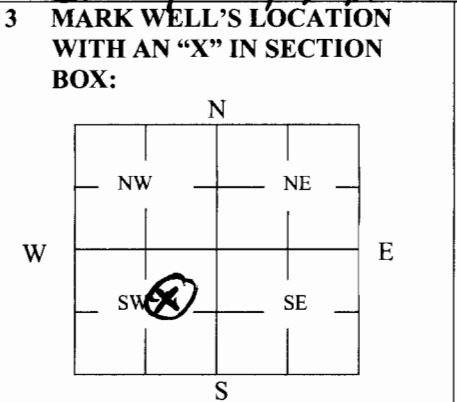


1 LOCATION OF WATER WELL: Fraction 1/4 NE 1/4 SW 1/4 Section Number 8 Township Number 32 Range Number 17 OW
 County: MONTGOMERY

Distance and direction from nearest town or city street address of well if located within city?
Approximately 800 feet west of Cherryvale City limits on MARTIN Street; hence on southside of MARTIN STREET

2 WATER WELL OWNER: **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 RR#, St. Address, Box #: 1299 West MARTIN
 City, State ZIP Code: Cherryvale, Kansas 67335
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____



4 DEPTH OF WELL 6 ft.
 WELL'S STATIC WATER LEVEL DRY ft.
 WELL WAS USED AS:
 1 Domestic
 2 Irrigation
 3 Feedlot
 4 Industrial
 5 Public Water Supply
 6 Oil Field Water Supply
 7 Domestic (Lawn & Garden)
 8 Air Conditioning
 9 Dewatering
 10 Monitoring
 11 Injection Well
 12 Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) CLAY
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter HAND DUG in. Casing pulled? Yes _____ No If yes, how much _____
 Casing height above or below land surface N/A in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other CLAY
 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 _____
 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>6'</u>	<u>3'</u>	<u>LINER ROCK</u>			
<u>3'</u>	<u>1'</u>	<u>Charinated GRAVEL</u>			
<u>1'</u>	<u>0</u>	<u>CLAY</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 27 OCTOBER 2015 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) Nov. 18, 2015 under the business name of _____ by (signature) [Signature]

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>.