

<b>1 LOCATION OF WATER WELL:</b> County: <u>NEMANA</u>	Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section Number <u>32</u>	Township Number <u>3 S</u>	Range Number <u>14 @W</u>
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Distance and direction from nearest town or city street address of well if located within city?

2100 96<sup>th</sup> Rd Jeff KS 66428

<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box #: <u>DALE HAVERKAMP</u> <u>1426 "O" ROAD</u> City, State ZIP Code: <u>SENECA, KS 66538</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: <u>N/A</u> Elevation: _____ Datum: _____ Data Collection Method: _____
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Homestead Site on  
80 acre Tract NW  
of Facility  
DALE, PLEASE  
Complete

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

N		
NW		NE
SW		SE
S		

W E

**4 DEPTH OF WELL** \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft.

WELL WAS USED AS:

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

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

**5 TYPE OF BLANK CASING USED:**

<input type="radio"/> 1 Steel	<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought	<input type="radio"/> 7 Fiberglass	<input type="radio"/> 9 Other (Specify below)
<input type="radio"/> 2 PVC	<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input checked="" type="radio"/> 8 Concrete Tile	_____

Blank casing diameter 10 in. Was casing pulled? Yes  No \_\_\_\_\_ If yes, how much 4 ft

Casing height above or below land surface 36 in.

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

Grout Plug Intervals: From 0.0 ft. to 3.0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="radio"/> 1 Septic tank	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 11 Fuel Storage	<input type="radio"/> 16 Other (specify below)
<input type="radio"/> 2 Sewer lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 12 Fertilizer storage	<u>swine waste pits</u>
<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 13 Insecticide storage	
<input type="radio"/> 4 Lateral lines	<input type="radio"/> 9 Feedyard	<input type="radio"/> 14 Abandoned water well	Direction from well? <u>west</u>
<input type="radio"/> 5 Cess pool	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 15 Oil well/Gas well	How many feet? <u>1300</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0.0</u>	<u>3.0</u>	<u>BENTONITE</u>			
<u>3.0</u>	<u>25</u>	<u>SAND</u>			
					<b>RECEIVED</b>
					<b>APR 18 2007</b>
					<b>BUREAU OF WATER</b>

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) \_\_\_\_\_ 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) \_\_\_\_\_ under the business name of 410-07 by (signature) DALE HAVERKAMP

**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>.