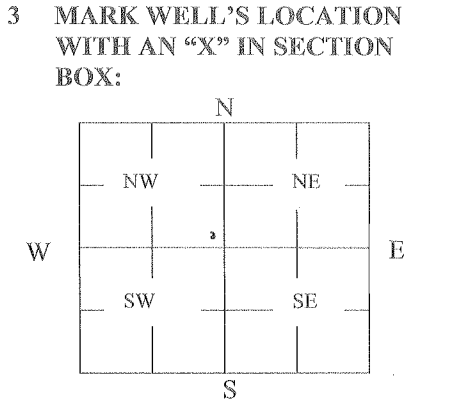


1 LOCATION OF WATER WELL:
 County: Jefferson Fraction SE 1/4 SE 1/4 NW 1/4 Section Number 32 Township Number 9 Range Number 18 W
 Distance and direction from nearest town or city street address of well if located within city?
3/4 East Ozarkse

2 WATER WELL OWNER:
Jack Decker
 RR#, St. Address, Box #:
 City, State ZIP Code:
Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 39° 13' 21.24" N
 Longitude: 95° 25' 44.97" W
 Elevation: 941.00
 Datum: _____
 Data Collection Method: _____



4 DEPTH OF WELL 20 ft.
 WELL'S STATIC WATER LEVEL 0 ft. Dry Well no water
 WELL WAS USED AS:
 Domestic 5 Public Water Supply 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:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Rock & hard rock wells
 Blank casing diameter _____ in. Was casing pulled? Yes _____ No If yes, how much _____
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Plug Intervals: From 5 ft. to 6 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) Rural Water lines
 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? South
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 200

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>1</u>	<u>5</u>	<u>Clay</u>	<u>5</u>	<u>6</u>	<u>Clay Portland Cement</u>
<u>6</u>	<u>20</u>	<u>Clay Grout</u>			

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) 8-16-11 under the business name of King's Const. 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>.