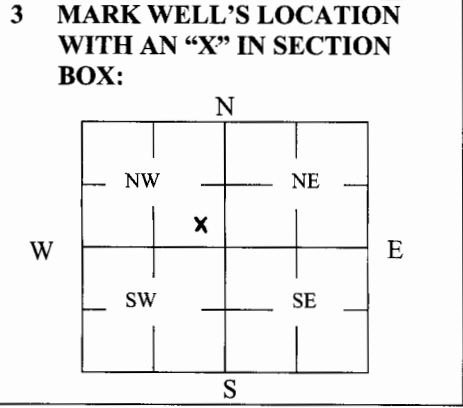


|  |                             |                             |                             |   |
|--|-----------------------------|-----------------------------|-----------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Jefferson</u> | Fraction<br><u>NW</u> ¼ ¼ ¼ | Section Number<br><u>32</u> | Township Number<br><u>9</u> | Range Number<br><u>19</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">E/W</span> |
|--|-----------------------------|-----------------------------|-----------------------------|---|

Distance and direction from nearest town or city street address of well if located within city?

|  |  |
|--|--|
| <b>2 WATER WELL OWNER:</b> <u>Glen + Cheryl Boatwright</u><br>RR#, St. Address, Box #: <u>14352 98th ST</u><br>City, State ZIP Code: <u>Oskaloosa KS 66066</u> | Global Positioning Systems (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|--|--|



**4 DEPTH OF WELL** 30 ft.  
WELL'S STATIC WATER LEVEL 20 ft.  
WELL WAS USED AS:

|   |                            |                   |
|---|----------------------------|-------------------|
| <input checked="" type="radio"/> 1 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    | <input checked="" type="radio"/> 9 Other (Specify below) |
| 2 PVC   | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile | <u>hand dug well</u>                                     |

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:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

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

What is the nearest source of possible contamination:

|  |                   |                         |                            |
|--|-------------------|-------------------------|----------------------------|
| <input checked="" type="radio"/> 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>30 FT</u>    | <u>6 FT</u>     | <u>3/4" screen Rock</u> |      |    |                    |
| <u>6 FT</u>     | <u>4 1/2 FT</u> | <u>concrete</u>         |      |    |                    |
| <u>4 1/2 FT</u> | <u>0</u>        | <u>soil</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) 5-9-08 under the business name of King's Counsel Co, Inc. 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>.