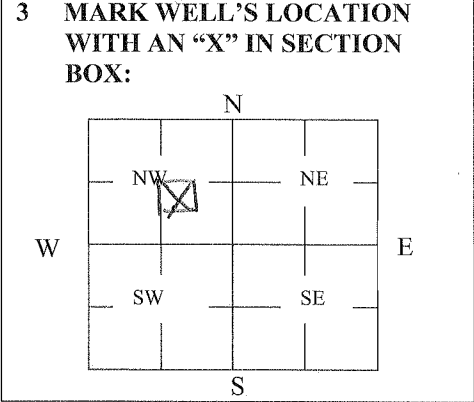


1 LOCATION OF WATER WELL: County: <u>Pottawatomie</u>	Fraction <u>NW 1/4 SE 1/4 NW 1/4</u>	Section Number <u>12</u>	Township Number <u>9</u>	Range Number <u>8</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <u>Keith H. Umscheid & Mary Umscheid Trust</u> RR#, St. Address, Box #: <u>10955 Flush Rd.</u> City, State ZIP Code: <u>Westmoreland Kans 66549</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: <u>approx 1175</u> Datum: _____ Data Collection Method: _____
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4 DEPTH OF WELL 22 ft.

WELL'S STATIC WATER LEVEL 0 ft (Dry, no water)

WELL WAS USED AS:

<input checked="" type="checkbox"/> 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	<u>Laid up rock (Hand dug)</u>

Blank casing diameter N/A in. Was casing pulled? Yes N/A No _____ If yes, how much _____
Casing height above or below land surface * 1175 in. * rock @ ground El. 1175

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	<u>House hold lagoon</u>
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	Direction from well? <u>NW</u>
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? <u>1320</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
1175	1176	Top soil mound			
1175		Existing top of rock			
1173	1175	Removed rock / replaced with clay / top soil mix			
1159	1173	Clay			
1157	1159	Rock / sand / from upper rock casing	1153	1157	Sand / gravel / treated with Clorax

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/18/2013 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) 2/22/2013 under the business name of Trust - owner by (signature) Keith H. Umscheid

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>.