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|---|-------------------------------------|----------------------------|----------------------------------|---|
| 1 LOCATION OF WATER WELL: County: <u>Pottawatomie</u> | Fraction <u>¼ SW ¼ NW ¼ SE ¼</u> | Section Number <u>9</u> | Township Number <u>T 10 S</u> | Range Number <u>8</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|-------------------------------------|----------------------------|----------------------------------|---|

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|--|---|
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> | Global Positioning Systems (GPS) information: Latitude: <u>NA</u> (in decimal degrees) Longitude: <u>NA</u> (in decimal degrees) Elevation: <u>NA</u> Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
|--|---|

2 WATER WELL OWNER: Quaker Foods
 RR#, St. Address, Box #: 1111 Kretschmer Dr.
 City, State ZIP Code: Manhattan, Ks

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|---|---|--|----|----|--|--|--|-------------------------------------|----------------------------------|---|--|-------------------------------------|---|---|--|---|--------------------------------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px;">NW</td><td style="width: 20px;">NE</td></tr> <tr><td style="width: 20px;">SW</td><td style="width: 20px;">SE</td></tr> </table> W E S </div> | NW | NE | SW | SE | 4 DEPTH OF WELL <u>20</u> ft. WELL'S STATIC WATER LEVEL <u>NA</u> ft. WELL WAS USED AS: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic Irrigation</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <input type="checkbox"/> Domestic Irrigation | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | <input type="checkbox"/> Feedlot | <input type="checkbox"/> Oil Field Water Supply | <input checked="" type="checkbox"/> Monitoring | <input type="checkbox"/> Industrial | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |
| NW | NE | | | | | | | | | | | | | | | | |
| SW | SE | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Domestic Irrigation | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Oil Field Water Supply | <input checked="" type="checkbox"/> Monitoring | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | |

5 TYPE OF BLANK CASING USED:

| | | | | |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other (Specify below) _____ |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | |

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 20'
 Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

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|---|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel Storage | <input type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? _____ |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? _____ |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 0 | 20 | Bentonite | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/13/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604. This Water Well Record was completed on (mo/day/year) 8/27/14 under the business name of Environmental Priority Service, 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 one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.