

<b>1 LOCATION OF WATER WELL:</b> County: <u>OTTAWA</u>	Fraction <u>NW<sup>1</sup>/<sub>4</sub> NW<sup>1</sup>/<sub>4</sub> NE<sup>1</sup>/<sub>4</sub></u>	Section Number <u>16</u>	Township Number <u>11</u>	Range Number <u>2</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

10' WEST OF PRODUCTION WELL #12

<b>2 WATER WELL OWNER:</b> <u>OTTAWA Co. RWD #2</u> RR#, St. Address, Box #: <u>P.O. Box 3551</u> City, State ZIP Code: <u>SALINA, KS. 67401</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF WELL</b> <u>108</u> ft. WELL'S STATIC WATER LEVEL <u>54.6</u> ft. WELL WAS USED AS: <table style="width: 100%; border: none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>TEST WELL</u></td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <u>TEST WELL</u>
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**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter 6 in. Was casing pulled? Yes \_\_\_\_\_ No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 80 in.

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

Grout Plug Intervals: From 7.5 ft. to 55 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>NONE APPARENT</u>       |
| 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>0</u>	<u>7.5</u>	<u>FILL DIRT</u>			
<u>7.5</u>	<u>55</u>	<u>BENTONITE HOLE PLUG</u>			
<u>55</u>	<u>108</u>	<u>GRAVEL PACK</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-15-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388. This Water Well Record was completed on (mo/day/year) DEC 30, 2013 under the business name of PESTINGORE PUMP SERVICE by (signature) Paul Peshong

**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>.