

| | | | | |
|---|--------------------------------------|----------------------|---------------------------|---|
| 1 LOCATION OF WATER WELL: County: Trego | Fraction NW 1/4 NW 1/4 NW 1/4 1/4 | Section Number 22 | Township Number T 12 S | Range Number 21 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|--------------------------------------|----------------------|---------------------------|---|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: Tim Keller
 RR#, St. Address, Box #: 38050 K Rd
 City, State ZIP Code: Ogallah, KS 67565

| | | | | | | | |
|--|----|----|----|----|----|--|--|
| <p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">NW</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">NE</td> </tr> <tr> <td style="width: 20px; text-align: center;">SW</td> <td style="width: 20px; text-align: center;">SE</td> <td></td> </tr> </table> <p>W E</p> <p>S</p> </div> | NW | X | NE | SW | SE | | <p>4 DEPTH OF WELL <u>20</u> ft. WELL'S STATIC WATER LEVEL <u>15</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| NW | X | NE | | | | | |
| SW | SE | | | | | | |

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____ in.
 Casing height above or below land surface _____ in.

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

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

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage _____
 Watertight sewer lines Sewage lagoon Insecticide storage _____
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 20 | 0 | Hole Plug | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03/18/13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 0199. This Water Well Record was completed on (mo/day/year) 03/26/13 under the business name of Karst Water Well Drilling & Service, Inc by (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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.