

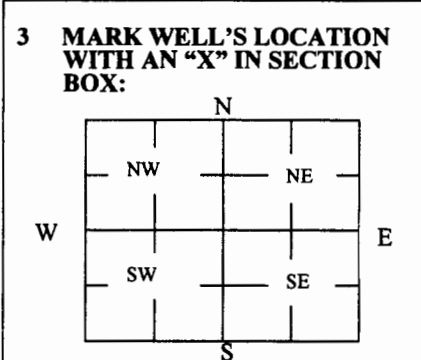
1 LOCATION OF WATER WELL: Fraction **NW ¼ ¼ SW ¼ NW ¼** Section Number **32** Township Number **T 13 S** Range Number **15** E W
 County: **Russell**

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Old Highway 40 and Clifford St. Gorham, KS

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Haggard's Service
 RR#, St. Address, Box #: 115 West Street
 City, State ZIP Code: Gorham, KS 67640

GPS unit (Make/Model): _____
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 22.5 ft.
 WELL'S STATIC WATER LEVEL _____ ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other Air Sparge

Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much ~3ft. below ground surface _____
 Casing height above or below land surface _____ in.

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

Grout Plug Intervals: From 3 ft. to 22.5 ft., From _____ ft. to _____ ft., From _____ ft. 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
3	22.5	Bentonite			
					AS-2

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/21/2016 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) 8/5/16 under the business name of GreenField Contractors, Inc. by (signature) Melissa D. Melrose

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.