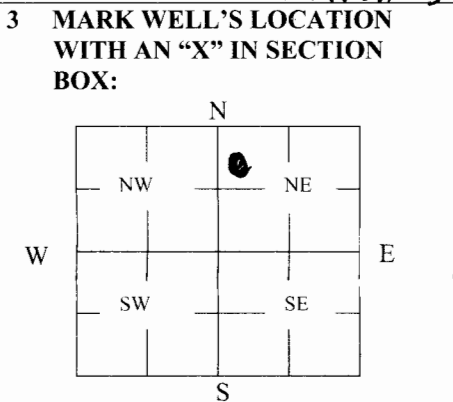


**1 LOCATION OF WATER WELL:** County: Wallace Fraction NE 1/4 NW 1/4 NE 1/4 Section Number 33 Township Number 14 Range Number 46 E/W

Distance and direction from nearest town or city street address of well if located within city?

**2 WATER WELL OWNER:** Stan Sommertfeld **Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 RR#, St. Address, Box #: 1640 Hickory Rd Latitude: \_\_\_\_\_  
 City, State ZIP Code: Sharon Springs KS 67788 Longitude: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_



**4 DEPTH OF WELL** 240 ft.  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft.  
 WELL WAS USED AS:  
 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 \_\_\_\_\_  
 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  
 Blank casing diameter 10 in. Was casing pulled? Yes Yes No \_\_\_\_\_ If yes, how much 6 ft.  
 Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:** 1 Neat cement      2 Cement grout      3 Bentonite      4 Other \_\_\_\_\_  
 Grout Plug Intervals: From 5 ft. to 6 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      \_\_\_\_\_  
 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

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) \_\_\_\_\_ 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) 9-10-08 under the business name of Stan Sommertfeld by (signature) Stan Sommertfeld

**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>.