W	ATER W	FII. PII	GGING RE	CORD	Form WV	/C-5P	KSA 82a-12	212 ID N		0913	
1	LOCATION			Fract			on Number	Township		Range Number	
•	County:	Ness	ok well.			E 1/4	13	18	1 (41110-01	22 E/W	
Distance and direction from nearest town or city street address of well if located within city? 2 miles North of Bazine, ks											
2	2 WATER WELL OWNER: JoAnn Wunder 704 Taft Global Positioning Systems (decimal degrees, min. Latitude:										
	RR#, St. A	Address, Box		eat Bend, KS 67530) Longiti	Longitude:Elevation:				
	City, State	ZIP Code:				Datum:	Datum: Data Collection Method:				
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 23 ft. WITH AN "X" IN SECTION											
	BOX:	N		WEI	LL'S STATIC V	WATER LE	VEL1	L2_ft			
WELL WAS USEI							AS:				
	⊢ NW	1	NE -	1 D	omestic	5 Publi	c Water Supply	/	9 Dewa	ering	
							Field Water Sup				
W	7		E		edlot		estic (Lawn &				
	_ SW SE			4 Industrial 8 Air Conditioning 12 Othe							
			X	Was a chemical/bacteriological sample submitted to Department? Yes Nox_							
5	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 5 in. Was casing pulled? Yes No If yes, how much 8 Casing height above or below land surface 12 in.										
Grout Plug Intervals: From 14 ft. to 5 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											
		ght sewer li		ge lagoon	13 Insection	_					
	4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? W-SW 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 300'										
	FROM	ТО	PLUGG	ING MAT	ERIALS	FROM	TO	PLUGO	GING MA	TERIALS	
	23	15	grave1								
	15	5	expandin	g bento	nite						
	5	0	silts &	clays							
con	npleted on (mo/day/yea	r) <u>2/3/09</u>		and this re	cord is true	to the best of	ny knowleda	ge and be	nrisdiction and was lief. Kansas Water	
	ll Contracto iness nameX		No. <u>0199</u> cer Well Dr				completed on (i ture)	no/day/year)	r <u>2/18/</u>	09 under the	
INS										rline 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.