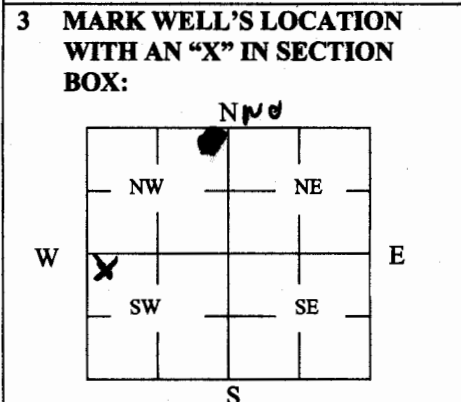


1 LOCATION OF WATER WELL: County: Wichita Fraction: S2W 1/4 Section Number: 3 Township Number: 18 Range Number: 36 NW

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

2 WATER WELL OWNER: Tracy Schmacher
 RR#, St. Address, Box #: 210 S. Genesee
 City, State ZIP Code: Leoti, KS 67861

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____



4 DEPTH OF WELL 100 ft.
 WELL'S STATIC WATER LEVEL 15 ft.
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
<input checked="" type="checkbox"/> 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:

<input checked="" type="checkbox"/> 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 16 in. Was casing pulled? Yes No _____ If yes, how much 40"
 Casing height above or below land surface 90 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 100 ft. to 40 ft., From 40 ft. to 7 ft., From 7 to 3 ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 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? <u>S 2 E</u>
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? <u>2 miles</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
100	40	Sand			
40	7	Grout			
7	4	Bentonite			
4	0	Grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-7-2013 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) 1-7-2013 under the business name of Jones Crutcher by (signature) Jeff Crutcher

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>.