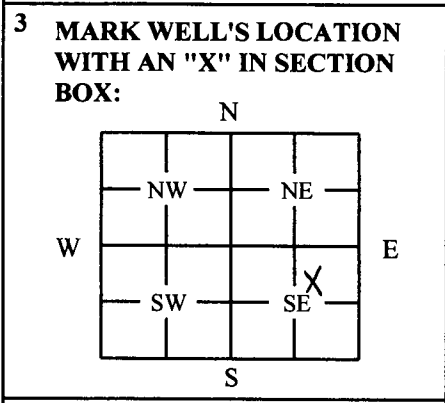


| | | | | |
|--|--|-----------------------------|--------------------------------|---|
| 1 LOCATION OF WATER WELL: County: McPherson | Fraction SW 1/4 SW 1/4 NE 1/4 SE 1/4 | Section Number 28 | Township Number 19 S | Range Number 4 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|--|--|-----------------------------|--------------------------------|---|

| | |
|---|--|
| Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here <input type="checkbox"/> ~1250' W & 1300' S of 9th & Landmark | Global Positioning Systems (GPS) Information: Latitude: <u>38.365961</u> (in decimal degrees) Longitude: <u>-97.763674</u> (in decimal degrees) Elevation: _____ Datum: <input checked="" type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit Make/Model: <u>Phone-GPS Essentials</u> <input type="checkbox"/> Digital Map/Photo <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m <input type="checkbox"/> 3-5 m <input type="checkbox"/> 5-15 m <input type="checkbox"/> >15 m |
|---|--|

| | |
|--|--|
| 2 WATER WELL OWNER: Williams MCFS RR#, St. Address, Box # 839 Kiowa Road City, State ZIP Code McPherson, KS 67460 | |
|--|--|



4 DEPTH OF WELL: Unknown* ft.

WELL'S STATIC WATER LEVEL: _____ ft. BTOC

WELL WAS USED AS:

| | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Old 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 checked="" type="checkbox"/> Other <u>Gas vapor monitoring</u> |

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

5 TYPE OF BLANK CASING USED:

| | | | | |
|--------------------------------|-----------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos/Cement | <input type="checkbox"/> Concrete Tile | <u>Poly tubing</u> |

Blank casing diameter: 1/4 in. Was casing pulled? Yes No If Yes, how much 20'
 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 23 ft. From _____ ft. To _____ ft. From _____ ft. To _____ ft.

What is the nearest source of possible contamination:

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input checked="" type="checkbox"/> Other (specify below): <u>Unknown</u> |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well: _____ |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet: _____ |

| FROM | TO | PLUGGING MATERIAL | FROM | TO | PLUGGING MATERIAL |
|------|----|-------------------|------|----|---------------------|
| 0 | 3 | Native soil | | | |
| 3 | 23 | Bentonite | | | |
| | | | | | CUENGL02-1S |
| | | | | | *Overdrilled to 23' |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/14/2021 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 6/28/2021 under the business name of GeoCore, LLC by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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>.