

1 **LOCATION OF WATER WELL:** Fraction SW 1/4 SW 1/4 NE 1/4 SW 1/4 Section Number 33 Township Number T 1 S Range Number 13 E W
 County: Smith

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 1/2 mile south of 60 & 0 Rds. in pasture on E. side of road.
Global Positioning Systems (GPS) information:
 Latitude: ~ 39.919028 (in decimal degrees)
 Longitude: ~ 98.799111 (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 **WATER WELL OWNER:** Martha Rhoades
 RR#, St. Address, Box #: 6315 202 St.
 City, State ZIP Code: Alvo, NE 68304
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

3 **MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

4 **DEPTH OF WELL** 29 ft.
WELL'S STATIC WATER LEVEL 16 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 livestock
 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 _____ in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface _____ in.

6 **GROUT PLUG MATERIAL:** Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From _____ ft. to _____ 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
29	27	top 5ft of well material			
27	13	sand + gravel			
13	5	clay			
5	4 1/2	sodium bentonite			
4 1/2	+1	soil			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-29-2014 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) 4-5-2014 under the business name of _____ by (signature) Martha S. Rhoades

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/water-well/index.html>.