

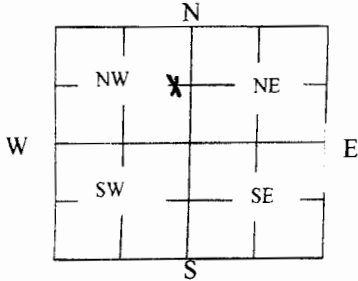
1 **LOCATION OF WATER WELL:** Fraction C 1/4 E2 1/4 E2 1/4 NW 1/4 Section Number 5 Township Number T 20 S Range Number 10 E W
 County: Rice

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 1/4 South, 5 1/4 West of Chase

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 **WATER WELL OWNER:** Hupfer Operating
 RR#, St. Address, Box #: P.O. Box 3912
 City, State ZIP Code: Shawnee, KS 66203

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



4 **DEPTH OF WELL** 116 ft.
 WELL'S STATIC WATER LEVEL 32 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 _____

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 5 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 36" in.

6 **GROUT PLUG MATERIAL:** Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 3 ft. to 0 ft., From 116 ft. to 3 ft., From _____ 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
- None
- 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
116	3	Hole plug			
3	0	Cement			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-31-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/year) 11-15-12 under the business name of Rosencrantz- Bemis 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 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/waterwell/index.html>.