

<b>1 LOCATION OF WATER WELL:</b> County: Rice	Fraction ¼ SW ¼ NW ¼ NW ¼	Section Number 4	Township Number T 20 S	Range Number 10 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 1E of Silica, KS		<b>Global Positioning Systems (GPS) information:</b> Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____		

**2 WATER WELL OWNER:** Dale Knop  
RR#, St. Address, Box #: P O Box 505  
City, State ZIP Code: Ellinwood, KS 67526

GPS unit (Make/Model: \_\_\_\_\_)  
 Digital Map/Photo,  Topographic Map,  Land Survey

Est. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m

<p><b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:20px;"></td> <td style="width:20px; text-align: center;">NW</td> <td style="width:20px; text-align: center;">NE</td> <td style="width:20px;"></td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="width:20px;"></td> <td style="width:20px; text-align: center;">SW</td> <td style="width:20px; text-align: center;">SE</td> <td style="width:20px;"></td> </tr> </table> <p>W <span style="margin-left: 100px;">E</span></p> <p style="text-align: center;">S</p> </div>		NW	NE		X					SW	SE		<p><b>4 DEPTH OF WELL</b> <u>92</u> ft.</p> <p>WELL'S STATIC WATER LEVEL <u>30</u> ft</p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil 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 type="checkbox"/> Other _____
	NW	NE																							
X																									
	SW	SE																							
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering																							
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil 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 type="checkbox"/> Other _____																							

**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 4 ft. below in.

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

Grout Plug Intervals: From 4 ft. to 30 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) _____ none - in field
<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	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? \_\_\_\_\_  
How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
92	30	gravel			
30	4	bentonite			
4	0	top soil			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03/28/19 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/year) 03/28/19 under the business name of Kelly's Water Well Service, Inc. by (signature) Kathryn L Good

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.