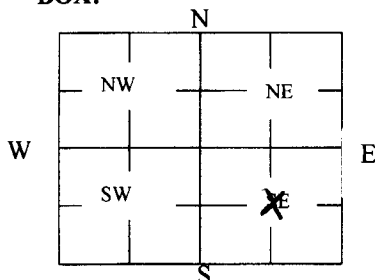


|                                                                                                                                                                                                         |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Barton                                                                                                                                                      | Fraction<br>$\frac{1}{4}$ $\frac{1}{4}$ NC $\frac{1}{4}$ SE $\frac{1}{4}$ | Section Number<br>23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Township Number<br>T 20 S | Range Number<br>13 <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"/> 4 South, 1 1/4 East of Great Bend |                                                                           | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |                           |                                                                                     |
| <b>2 WATER WELL OWNER:</b> Randy Haddon<br>RR#, St. Address, Box #: 535 SE 50th Avenue<br>City, State ZIP Code: Ellinwood, KS 67526                                                                     |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                     |

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

**4 DEPTH OF WELL** 106 **ft.**

 WELL'S STATIC WATER LEVEL 28 **ft**

WELL WAS USED AS:

- |                                                |                                                   |                                         |
|------------------------------------------------|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Domestic              | <input type="checkbox"/> Public Water Supply      | <input type="checkbox"/> Dewatering     |
| <input checked="" 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 _____    |

 Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒
**5 TYPE OF BLANK CASING USED:**

- |                                           |                                   |                                          |                                        |                                                      |
|-------------------------------------------|-----------------------------------|------------------------------------------|----------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought         | <input type="checkbox"/> Fiberglass    | <input type="checkbox"/> Other (Specify below) _____ |
| <input type="checkbox"/> PVC              | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile |                                                      |

 Blank casing diameter 16 in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 0 in.

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

Grout Plug Intervals: From 20 ft. to 0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ 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 type="checkbox"/> Other (specify below) _____ |
| <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 checked="" type="checkbox"/> Oil well/Gas well |                                                      |

 Direction from well? Northeast  
 How many feet? 750ft

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 106  | 20 | Chlorinated gravel |      |    |                    |
| 20   | 0  | Cement             |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-30-13 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) 7-19-13 under the business name of Rosencrantz- Bemis Ent Inc by (signature) *Rosencrantz- Bemis Ent Inc*

**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>.

 Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy