

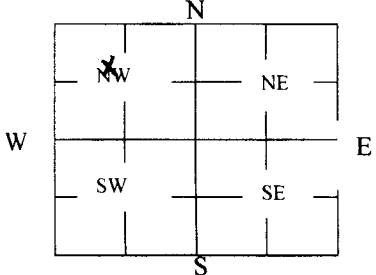
1 LOCATION OF WATER WELL: Fraction 1/4 SE 1/4 NW 1/4 NW 1/4 Section Number 17 Township Number T 20 S Range Number 14 E W
 County: Barton

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

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: Dale Unruh
 RR#, St. Address, Box #: 683 W US Hwy 56, Lot B
 City, State ZIP Code: Great Bend, KS 67530

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



4 DEPTH OF WELL 62 ft.
 WELL'S STATIC WATER LEVEL 25 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 16 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 48 in.

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

Grout Plug Intervals: From 24 ft. to 4 ft., From _____ ft. to _____ 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
62	24	Chlorinated gravel			
24	4	Cement			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-25-14 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) 3-4-14 under the business name of Rosencrantz- Bemis Ent Inc 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>.