

1 LOCATION OF WATER WELL: County: <u>Rice</u>	Fraction <u>NE 1/4 SE 1/4 NW 1/4 NW 1/4</u>	Section Number <u>9</u>	Township Number <u>20 S</u>	Range Number <u>8</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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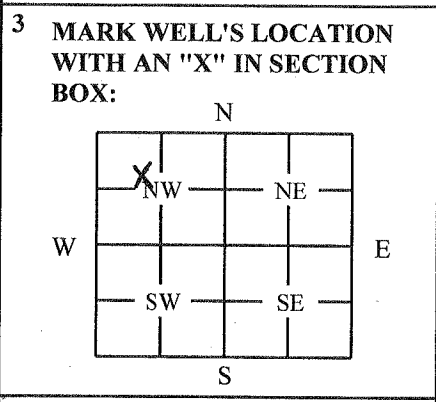
Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here

3/4 mi W from Ave N & Hwy 14, S side of road

Global Positioning Systems (GPS) Information:
 Latitude: 38.3310030 (in decimal degrees)
 Longitude: -98.2165904 (in decimal degrees)
 Elevation: 1659.63
 Datum: WGS84 NAD83 NAD27

2 WATER WELL OWNER: Lyons Salt Co.
 RR#, St. Address, Box # 1660 Avenue N
 City, State ZIP Code Lyons, KS 67554

Collection Method:
 GPS unit Make/Model: _____
 Digital Map/Photo Topographic Map Land Survey
 Est. Accuracy: <3 m 3-5 m 5-15 >15



4 DEPTH OF WELL: 19.4 ft.
 WELL'S STATIC WATER LEVEL: 11.2 ft.
 WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Old Field Water Supply	<input checked="" 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 type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos/Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter: 2 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 0 ft. To 19.4 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 type="checkbox"/> Other (specify below): _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	<u>Unknown</u>
<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	Direction from well: _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet: _____

FROM	TO	PLUGGING MATERIAL	FROM	TO	PLUGGING MATERIAL
0	19.4	Neat cement (2")			
					LSM-6P
					Subsidence Monument

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/19/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 8/29/2014 under the business name of GeoCore Inc. by (signature) *Dale Kelt*

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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>.