

1 LOCATION OF WATER WELL: County: <u>Rice</u>	Fraction <u>1/4 1/4 CE 1/4 SE 1/4</u>	Section Number <u>7</u>	Township Number <u>T 20 S</u>	Range Number <u>9</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
 Approximately 2 miles south of Chase

2 WATER WELL OWNER: Steven Peterson
 RR#, St. Address, Box #: 1335 10th Rd.
 City, State ZIP Code: Chase, KS 67524

Global Positioning Systems (GPS) information:
 Latitude: 38.322323 (in decimal degrees)
 Longitude: -98.349765 (in decimal degrees)
 Elevation: Unknown
 Datum: WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/Model: WAAS)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">--NW--</td> <td style="padding: 5px;">--NE--</td> </tr> <tr> <td style="padding: 5px;">--SW--</td> <td style="padding: 5px;">--SE-- X</td> </tr> </table> <p>W E</p> <p>S</p> </div>	--NW--	--NE--	--SW--	--SE-- X	<p>4 DEPTH OF WELL <u>78</u> ft. WELL'S STATIC WATER LEVEL <u>28</u> ft. WELL WAS USED AS: <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 _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
--NW--	--NE--				
--SW--	--SE-- X				

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface. 96 in.

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

Grout Plug Intervals: From _____ ft. to _____ ft., From 28 ft. to 8 ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below) Old Well
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? West
 Cess pool Livestock pens Oil well/Gas well How many feet? 40

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
78	28	Gravel Pack			
28	8	Bentonite Holeplug			
8	0	Pit			
CORRECTED					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 07-30-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/year) 08-03-09 under the business name of Clarke Well & Equipment, 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/1~ndex.html>.