

<b>1 LOCATION OF WATER WELL:</b> County: <u>Stafford</u>	Fraction <u>1/4 NW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>10</u>	Township Number <u>T 21 S</u>	Range Number <u>13</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  3 3/4 North, 2 1/4 East of Seward

**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:** Lynette Blakeslee  
 RR#, St. Address, Box #: 5209 Telstar Lane  
 City, State ZIP Code: Great Bend, KS 67530

<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="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">W <span style="margin-left: 100px;">E</span></p> <p style="text-align: center; margin-top: 10px;">X</p> </div>	NW	NE	SW	SE	<p><b>4 DEPTH OF WELL</b> <u>30</u> ft.                  WELL'S STATIC WATER LEVEL <u>20</u> 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"/> Oil Field Water Supply      <input type="checkbox"/> Monitoring  <input type="checkbox"/> Feedlot      <input type="checkbox"/> Domestic (Lawn &amp; Garden)      <input type="checkbox"/> Injection Well  <input type="checkbox"/> Industrial      <input type="checkbox"/> Air Conditioning      <input checked="" type="checkbox"/> Other <u>Windmill</u></p> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
NW	NE				
SW	SE				

**5 TYPE OF BLANK CASING USED:**

Steel     RMP (SR)     Wrought     Fiberglass     Other (Specify below) \_\_\_\_\_  
 PVC     ABS     Asbestos-Cement     Concrete Tile

Blank casing diameter 1 1/4 in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 60 in.

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

Grout Plug Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From 30 ft. to 5 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	Direction from well? <u>North</u>
<input type="checkbox"/> Cess pool	<input checked="" type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <u>10ft</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
30	5	Hole plug			
5	3	Cement			
3	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) 1-14-13 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) 1-16-13 under the business name of Rosencrantz- Bemis 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>.

Check one:  White Copy     Blue Copy     Pink Copy