W	ATER V	VELL PL	UGGING F	RECORD	Form WV	VC-5P	KSA 82	2a-1212 ID NO.	29065	
1	LOCATIO	ON OF WAT	TER WELL:	Fraction		Section	n Number	Township Numbe	r Range Number	
	County:	Address of	Well Location:	if unknown di	stance &	Global P	8 ositioning	T 22 S	18 E V W	
	Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address,						Global Positioning Systems (GPS) information: Latitude: (in decimal degrees)			
	check here 1 1/2 South, 1/4 West of Sanford						U.		(in decimal degrees)	
							Elevation: Datum: WGS84, NAD83, NAD27			
							Collection Method:			
2	WATER WELL OWNER: Neil Meckfessel						GPS unit (Make/Model:			
	RR#, St. Address, Box #: 1150 240th Ave						☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
1	City, State ZIP Code: Rozel, KS 67574						Est. Accuracy: \square < 3 m, \square 3-5 m, \square 5-15 m, \square > 15 m			
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF WELL 185 ft. WELL'S STATIC WATER LEVEL 47 ft										
								fr		
	N WELL WAS USED AS:									
NW NE Domestic Public Water Supply Dewate										
ν	W Irrigation Oil Field Water Supply Monitoring Feedlot Domestic (Lawn & Garden) Injection Well									
Ì	SW SE Industrial Air Conditioning Other									
	Was a chemical/bacteriological sample submitted to Department? Yes No									
	S									
5	5 TYPE OF BLANK CASING USED:									
	Steel RMP (SR) Wrought Fiberglass Concrete Tile Blank casing diameter 16 in. Was casing pulled? Yes No V If yes, how much									
	Casing height above or below land surface 36 in.									
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Plug Intervals: From 47 ft. to 3 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 Feedvard Abandoned water well Direction from well?									
	Lateral lines									
	FROM 185	TO		GING MATE	CRIALS	FROM	ТО	PLUGGIN	G MATERIALS	
		3	Chlorinated	gravei						
	47 3									
	3		Top soil							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was										
completed on (mo/day/year) 4-10-15 and this record is true to the best of my knowledge and belief. Knows Water										
Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/year) 5-15-15 under the business name of Rosencratnz- Bemis Ent Inc by (signature)										
INS'	TRUCTIO	NS: Use ty	pewriter or ba	llpoint pen. F	Please press fir	mly and pri	nt clearly.	Please fill in blanks,	underline or circle the	
Jack	son St., Ste	s. send one , 420. Tone	: copy to Kansa ka. Kansas 666	is Departmer \$12-1367 T≏	nt of Health :	and Enviror /296-5524	iment, Bur Send one to	eau of Water, Geol	ogy 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.										