

1 LOCATION OF WATER WELL: County: Hamilton	Fraction NE ¼ NE ¼ SW ¼	Section Number 07	Township Number 24S	Range Number 40 W
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Distance and direction from nearest town or city street address of well if located within city?
200 South Main, Syracuse, KS

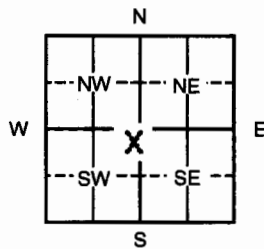
2 WATER WELL OWNER:

Syracuse Cooperative Exchange
RR#, St. Address, Box #:
PO Box 946
City, State, ZIP Code:
Syracuse, KS, 67878

Global Positioning System (decimal degrees, min. of 4 digits)

Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

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



4 DEPTH OF WELL 25 ft.

WELL'S STATIC WATER LEVEL 16.13 ft

WELL WAS USED AS:

- | | | |
|--------------|----------------------------|----------------------|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes ___ No X

5 TYPE OF BLANK CASING USED:

- | | | | | |
|----------------|------------|-------------------|-----------------|-------------------------|
| 1 <u>Steel</u> | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) |
| 2 <u>PVC</u> | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | _____ |

Blank casing diameter 2 in. Was casing pulled? Yes ___ No X If yes, how much _____
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 1 ft. to 25 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|------------------------------|-------------------------------|
| 1 Septic tank | 6 Seepage pit | <u>11 Fuel Storage</u> | 16 Other (specify below) |
| 2 Sewer lines | 7 Pit privy | <u>12 Fertilizer storage</u> | _____ |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | Direction from well? S |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? 10 |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
1	25	Bentonite			
0	1	Concrete			
					MW8

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/21/2007 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 6/14/2007 under the business name of Coranco Great Plains, Inc. by (signature) _____

INSTRUCTIONS: Please fill in blanks 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell>.