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| 1 LOCATION OF WATER WELL: County: Edwards | Fraction ¼ nw ¼ NE ¼ SE ¼ | Section Number 24 | Township Number T 25 S | Range Number 16 <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 <input type="checkbox"/> 3 North, 3 1/4 East of Trousdale | Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____ <input type="checkbox"/> GPS unit (Make/Model): _____ <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
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| 2 WATER WELL OWNER: Rodger Grizzell RR#, St. Address, Box #: PO Box 527 City, State ZIP Code: Macksville, KS 67557 | |
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|---|---|--|--|----|--|----|---|--|---|----|--|----|---|--|--|---|-----------------------------------|--|-------------------------------------|-------------------------------------|---|-------------------------------------|----------------------------------|---|---|-------------------------------------|---|--|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td colspan="3" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;"> </td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;"> </td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;"> </td><td style="text-align: center;">SE</td></tr> <tr><td colspan="3" style="text-align: center;">S</td></tr> </table> <p style="text-align: center;">(Note: An 'X' is marked in the SE section of the grid.)</p> </div> | N | | | NW | | NE | W | | E | SW | | SE | S | | | 4 DEPTH OF WELL <u>80</u> ft. WELL'S STATIC WATER LEVEL <u>25</u> ft. WELL WAS USED AS: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input checked="" type="checkbox"/> Other <u>Stock</u></td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <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 & Garden) | <input type="checkbox"/> Injection Well | <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Other <u>Stock</u> |
| N | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NW | | NE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | E | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SW | | SE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 & Garden) | <input type="checkbox"/> Injection Well | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Other <u>Stock</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 72 in.

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

Grout Plug Intervals: From 7 ft. to 6 ft., From _____ ft. to _____ ft., From 80 ft. to 7 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>West</u> |
| <input type="checkbox"/> Cess pool | <input checked="" type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>100ft</u> |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 80 | 7 | Hole plug | | | |
| 7 | 6 | Cement | | | |
| 6 | 0 | Top soil | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-21-16 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) 10-25-16 under the business name of Rosencrantz- Bemis Ent Inc by (signature) *Lora Aelf*

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.