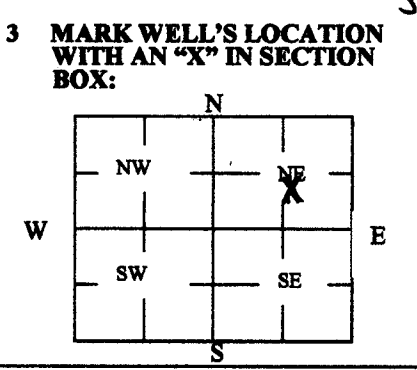


**1 LOCATION OF WATER WELL:** Fraction SW 1/4 NW 1/4 SE 1/4 NE 1/4 Section Number 28 Township Number T 25 S Range Number 30  E  W  
 County: Gra

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  County Rd  K Rd Intersection  
- 1/4 mile west on South side of Feedyard

**Global Positioning Systems (GPS) information:**  
 Latitude: 37.852271 (in decimal degrees)  
 Longitude: 100.614894 (in decimal degrees)  
 Elevation: 2726  
 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:** Jerry Wartman  
 RR#, St. Address, Box #: 4005 K Rd  
 City, State ZIP Code: Inagalls, KS 67853



**4 DEPTH OF WELL** 60 ft.  
**WELL'S STATIC WATER LEVEL** Ø 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  No

**5 TYPE OF BLANK CASING USED:**

<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 type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 6 in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 48 in.

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

Grout Plug Intervals: From 0 ft. to 6 ft., From 54 ft. to 60 ft., From \_\_\_\_\_ ft. 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>Well in Center of Pns</u>
<input type="checkbox"/> Cess pool	<input checked="" type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>6</u>	<u>Bentonite Grout</u>			
<u>6</u>	<u>54</u>	<u>Clean Fill Sand</u>			
<u>54</u>	<u>60</u>	<u>Bentonite Grout</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-8-2015 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 846 This Water Well Record was completed on (mo/day/year) 12-21-2015 under the business name of Nash Water Well Service, LLC 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>.