

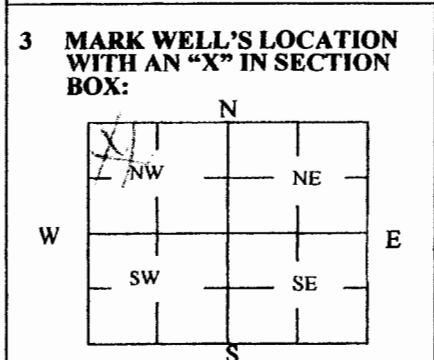
**1 LOCATION OF WATER WELL:** County: Seelye Co Fraction: 1/4 NW 1/4 NW 1/4 NW 1/4 Section Number: 17 Township Number: T 27 S Range Number: 1  E  W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  2088 West Ridge Ct

**Global Positioning Systems (GPS) information:**  
 Latitude: \_\_\_\_\_ (in decimal degrees)  
 Longitude: \_\_\_\_\_ (in decimal degrees)  
 Elevation: \_\_\_\_\_  
 Datum:  WGS84,  NAD83,  NAD27  
 Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** Knoblauch  
 RR#, St. Address, Box #: 2088 West Ridge Ct  
 City, State ZIP Code: Wichita KS 67203

GPS unit (Make/Model): \_\_\_\_\_  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m



**4 DEPTH OF WELL** 35 ft.  
**WELL'S STATIC WATER LEVEL** 12 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 checked="" 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:**

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

Blank casing diameter 12 in. Was casing pulled? Yes  No  If yes, how much 8"  
 Casing height above or below land surface 6 in.

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

Grout Plug Intervals: From 12 ft. to 0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ 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 checked="" 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>Northwest</u>                |
| <input type="checkbox"/> Cess pool                         | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? <u>40</u>                             |

| FROM      | TO        | PLUGGING MATERIALS  | FROM | TO | PLUGGING MATERIALS |
|-----------|-----------|---------------------|------|----|--------------------|
| <u>0</u>  | <u>12</u> | <u>Bentonite</u>    |      |    |                    |
| <u>12</u> | <u>0</u>  | <u>Cement Grout</u> |      |    |                    |
|           |           |                     |      |    |                    |
|           |           |                     |      |    |                    |
|           |           |                     |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-18-17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 472. This Water Well Record was completed on (mo/day/year) 5-18-17 under the business name of Beardsley Pump & Well by (signature) David Beck

**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>.