

<b>1 LOCATION OF WATER WELL:</b> County: GRAY	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 8	Township Number T 27 S	Range Number 30 <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  From the intersection of Road 2 & T Road

approx. 60' South & 60' East

**2 WATER WELL OWNER:** Edna Collingwood Trust  
RR#, St. Address, Box #: P.O. Box 974  
City, State ZIP Code: Garden City Ks., 67846

**Global Positioning Systems (GPS) information:**  
Latitude: 37.72195871 (in decimal degrees)  
Longitude: -100.63411297 (in decimal degrees)  
Elevation: \_\_\_\_\_  
Datum:  WGS84,    NAD83,    NAD27  
Collection Method:  
 GPS unit (Make/Model: Magellan eXplorist GC)  
 Digital Map/Photo,    Topographic Map,    Land Survey  
Est. Accuracy:  < 3 m,    3-5 m,    5-15 m,    > 15 m

<p><b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> </div>	<p><b>4 DEPTH OF WELL</b> <u>142'</u> ft.</p> <p>WELL'S STATIC WATER LEVEL <u>No Water</u> ft</p> <p>WELL WAS USED AS:</p> <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 checked="" 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 &amp; 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 type="checkbox"/> Other _____</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input checked="" 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 _____
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**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter 16" in.   Was casing pulled? Yes  No    If yes, how much 60"

Casing height above or below land surface Below 60" in.

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

Grout Plug Intervals:   From 9' ft. to 5' ft.,   From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.,   From \_\_\_\_\_ 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 checked="" type="checkbox"/> Other (specify below) _____ None Observed
<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	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? \_\_\_\_\_  
How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
142'	9'	Oversized Rock w/Clay Chunks	9'	5'	3,000 PSI CONCRETE
5'	0'	Cut off casing and backfilled			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-8-2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 9-11-2017 under the business name of Hydro Resources Mid Continent by (signature) Gary Clepper

**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>.