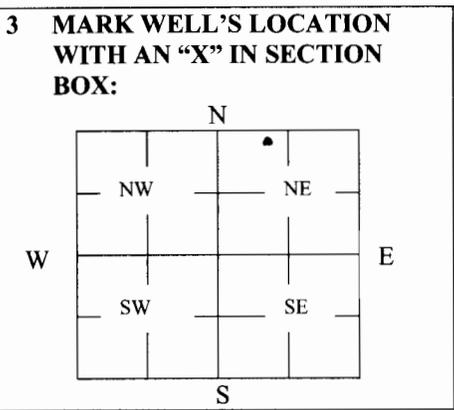


| | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| 1 LOCATION OF WATER WELL: County: <u>Republic</u> | Fraction <u>SW</u> ¼ ¼ ¼ | Section Number <u>20</u> | Township Number <u>2</u> | Range Number <u>1</u> E/W |
|---|-----------------------------|-----------------------------|-----------------------------|------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
From Cuba Corner on 36 Highway 3 North ¼ East

| | |
|---|---|
| 2 WATER WELL OWNER: <u>Mark Popelka</u> RR#, St. Address, Box #: <u>2071 US HWY 36</u> City, State ZIP Code: <u>Belleville, KS 64935</u> | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____ |
|---|---|



4 DEPTH OF WELL 156 ft.
WELL'S STATIC WATER LEVEL 131 ft.
WELL WAS USED AS:

| | | |
|---|----------------------------|-------------------|
| <input checked="" type="radio"/> 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

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 4 in. Was casing pulled? Yes No _____ If yes, how much 36"
 Casing height above or below land surface 36 in.

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

Grout Plug Intervals: From 3 ft. to 125 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

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

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------------|------------|------------------------|------|----|--------------------|
| <u>0</u> | <u>3</u> | <u>Topsoil</u> | | | |
| <u>3</u> | <u>125</u> | <u>Bentonite</u> | | | |
| <u>125</u> | <u>156</u> | <u>Gravel/Chlorine</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-26-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 2-26-12 under the business name of Popelka Farms by (signature) Mark Popelka

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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.