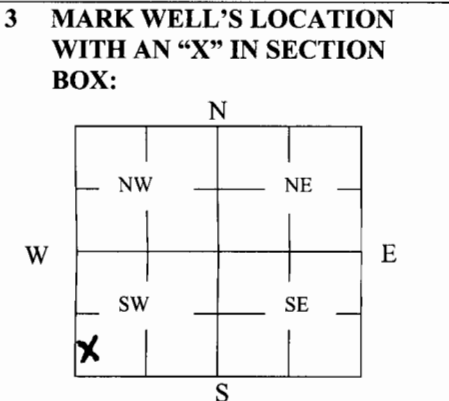


**1 LOCATION OF WATER WELL:** Fraction SW 1/4 1/4 1/4 Section Number 4 Township Number 2 Range Number 2 **E(W)**  
 County: Republic

Distance and direction from nearest town or city street address of well if located within city?  
1 mi west 1 mi south Munden KS

**2 WATER WELL OWNER:** Raymond Kulman Jr  
 RR#, St. Address, Box #: PO Box 666  
 City, State ZIP Code: Chester, NE 68327  
**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_



**4 DEPTH OF WELL** 105 ft.  
 WELL'S STATIC WATER LEVEL 75 ft.  
 WELL WAS USED AS:  
 1 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 X

**5 TYPE OF BLANK CASING USED:**  
 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 6 in. Was casing pulled? Yes X No \_\_\_\_\_ If yes, how much 5'  
 Casing height above or below land surface 60 in.

**6 GROUT PLUG MATERIAL:**      1 Neat cement      2 Cement grout      3 Bentonite      4 Other \_\_\_\_\_  
 Grout Plug Intervals: From 5 ft. to 6 ft., From 72 ft. to 75 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      \_\_\_\_\_  
 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>5</u>	<u>Topsoil</u>			
<u>5</u>	<u>6</u>	<u>Quikcrete/Plug</u>			
<u>6</u>	<u>72</u>	<u>Soil/Gravel</u>			
<u>72</u>	<u>75</u>	<u>Quikcrete</u>			
<u>75</u>	<u>105</u>	<u>Gravel/Plug</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-14-09 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) 5-19-10 under the business name of \_\_\_\_\_ by (signature) Ray Kulman Jr.

**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>.