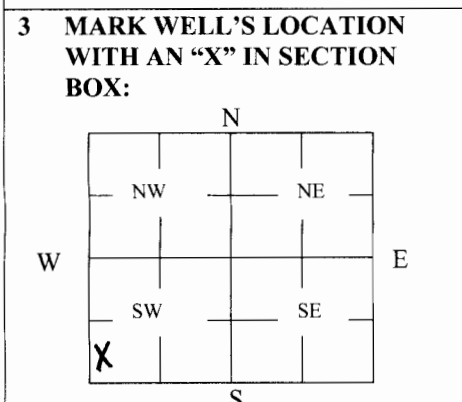


1 LOCATION OF WATER WELL: County: <u>Republic</u>	Fraction <u>SW 1/4 1/4 1/4</u>	Section Number <u>8</u>	Township Number <u>2</u>	Range Number <u>3</u> E/W <input checked="" type="checkbox"/>
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Distance and direction from nearest town or city street address of well if located within city?
North of Belleville on Hwy 81 to Jade Road. West on Jade 4 miles to 140 Road. 1/4 mile North on 140 East side of road.

2 WATER WELL OWNER: <u>Daryl Levendofskye</u> RR#, St. Address, Box #: <u>1554 170 Road</u> City, State ZIP Code: <u>Belleville, KS 66935</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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4 DEPTH OF WELL 30 ft.

WELL'S STATIC WATER LEVEL Dry ft

WELL WAS USED AS:

<input checked="" type="checkbox"/> Domestic	5 Public Water Supply	9 Dewatering
<input type="checkbox"/> Irrigation	6 Oil Field Water Supply	10 Monitoring
<input checked="" type="checkbox"/> Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
<input type="checkbox"/> Industrial	8 Air Conditioning	12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No

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	<u>Limestone</u>

Blank casing diameter 3 1/2 in. Was casing pulled? Yes _____ No If yes, how much 6'
 Casing height above or below land surface 72 in.

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

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

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input checked="" type="checkbox"/> 11 Fuel Storage	16 Other (specify below)
<input checked="" type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input checked="" type="checkbox"/> 12 Fertilizer storage	_____
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess pool	<input checked="" type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

Direction from well? Surrounding
How many feet? 50'-60'

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>6</u>	<u>Topsoil</u>			
<u>6</u>	<u>7</u>	<u>Bentonite-Plug</u>			
<u>7</u>	<u>30</u>	<u>Soil</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-23-09 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) 9-23-09 under the business name of _____ by (signature) Daryl Levendofskye

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>.