

1 LOCATION OF WATER WELL: County: Republic	Fraction NW 1/4 SW 1/4 NW 1/4	Section Number 35	Township Number 2	Range Number 4 EW
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Distance and direction from nearest town or city street address of well if located within city?

2 mi. East 1 3/4 mi North of Scandia, KS (1365 110 Rd)

2 WATER WELL OWNER: Ernest Mikese II RR#, St. Address, Box #: 1184 Lincoln Rd City, State ZIP Code: Republic, KS 66964	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N		
	NW	NE
W	X	
	SW	SE
S		

4 DEPTH OF WELL **38** ft.
WELL'S STATIC WATER LEVEL **23** 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 _____ No X If yes, how much _____
 Casing height above or below land surface **72** in. **(pit well)**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From **6** ft. to **9** 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 _____
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage _____
 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? **South**
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? **70**

TOP

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3'	Top soil			
3	6'	Sub soil			
6	9'	Grout-plug-bentonite			
9	23'	Sub soil			
23	38'	Gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **3-31-2009** 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) **7-1-2009** under the business name of _____ by (signature) **Fred Mikese II**

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>.