

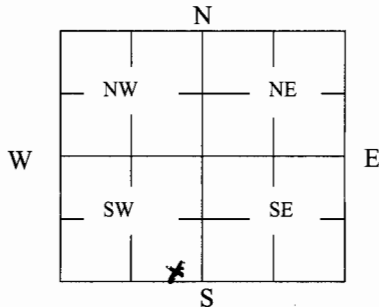
**1 LOCATION OF WATER WELL:** Fraction SE 1/4 SW 1/4 SE 1/4 SW 1/4 Section Number 13 Township Number 2 Range Number 42 E/W

Distance and direction from nearest town or city street address of well if located within city?

10 South & 2 1/2 West of Haigler, NE

**2 WATER WELL OWNER:** Mark Hill  
 RR#, St. Address, Box #: 2150 ROBB  
 City, State ZIP Code: St Francis, KS 67756  
 Global Positioning Systems (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**



**4 DEPTH OF WELL** 225 ft.

WELL'S STATIC WATER LEVEL dry ft

WELL WAS USED AS:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 5 Public Water Supply      | <input type="checkbox"/> 9 Dewatering      |
| <input type="checkbox"/> 2 Irrigation          | <input type="checkbox"/> 6 Oil Field Water Supply   | <input type="checkbox"/> 10 Monitoring     |
| <input type="checkbox"/> 3 Feedlot             | <input type="checkbox"/> 7 Domestic (Lawn & Garden) | <input type="checkbox"/> 11 Injection Well |
| <input type="checkbox"/> 4 Industrial          | <input type="checkbox"/> 8 Air Conditioning         | <input type="checkbox"/> 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

Blank casing diameter 5 in. Was casing pulled? Yes  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 15 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 type="checkbox"/> 11 Fuel Storage                    | <input type="checkbox"/> 16 Other (specify below) _____ |
| <input type="checkbox"/> 2 Sewer lines            | <input type="checkbox"/> 7 Pit privy       | <input 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 checked="" type="checkbox"/> 14 Abandoned water well | Direction from well? <u>North</u>                       |
| <input type="checkbox"/> 5 Cess pool              | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 15 Oil well/Gas well               | How many feet? <u>18'</u>                               |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	5'	Top Soil			
5'	15'	Grout			
15'	225'	Clean Subsoil			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-30-09 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) 12-01-09 under the business name of \_\_\_\_\_ by (signature) Mark Hill

**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>.