

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																						
County: Meade		SW ¼ NE ¼ SW ¼	06	31	26 (W)																																																						
Distance and direction from nearest town or city street address of well if located within city? South Main, Box 305, Fowler, KS 67844																																																											
2 WATER WELL OWNER:			Global Positioning System (decimal degrees, min. of 4 digits)																																																								
Fowler Equity Exchange – Barbie Padgett			Latitude: _____																																																								
RR#, St. Address, Box #:			Longitude: _____																																																								
Po Box 305			Elevation: _____																																																								
City, State, ZIP Code:			Datum: _____																																																								
Fowler, KS 67844			Data Collection Method: _____																																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF WELL <u>15.97</u> ft.																																																								
			WELL'S STATIC WATER LEVEL <u>9.00</u> ft																																																								
			WELL WAS USED AS:																																																								
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Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																											
5 TYPE OF BLANK CASING USED:																																																											
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3</u> Feet																																																											
Casing height above or below land surface _____ in.																																																											
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																											
Grout Plug Intervals: From <u>3</u> ft. to <u>15.97</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.																																																											
What is the nearest source of possible contamination:																																																											
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>04/02/2008</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>594</u> . This Water Well Record was completed on (mo/day/year) <u>04/15/2008</u> under the business name of <u>Coranco Great Plains, Inc.</u> by (signature)																																																											
INSTRUCTIONS: Please fill in blanks 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/waterwell .																																																											