

1 LOCATION OF WATER WELL: County: <u>Seward</u>	Fraction <u>¼ sw ¼ sw ¼ nw ¼</u>	Section Number <u>29</u>	Township Number <u>T 33 S</u>	Range Number <u>33</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 2950 ft north of intersection H & Rd 11

2 WATER WELL OWNER: Jimmie Rice Family Trust
RR#, St. Address, Box #: 11232 Rd K
City, State ZIP Code: Liberal KS 67901

Global Positioning Systems (GPS) information:
Latitude: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)
Elevation: _____
Datum: WGS84, NAD83, NAD27
Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px;">NW</td> <td style="width: 20px;">NE</td> </tr> <tr> <td style="width: 20px;">SW</td> <td style="width: 20px;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">W X E</p> </div>	NW	NE	SW	SE	<p>4 DEPTH OF WELL <u>430</u> ft.</p> <p>WELL'S STATIC WATER LEVEL <u>224</u> ft</p> <p>WELL WAS USED AS:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input checked="" type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____
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5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 16 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface (48") in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 0 ft. to 25 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input checked="" type="checkbox"/> Oil well/Gas well	

Direction from well? N/E
How many feet? aprox 1500'

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
		Steel cap			
<u>0'</u>	<u>25'</u>	Concrete			
<u>25'</u>	<u>202'</u>	Clay soil			
<u>202'</u>	<u>430'</u>	3/4" gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/1/2011 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) 5/4/2011 under the business name of Jim Rice Remodeling by (signature) Jim Rice

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.