

1 LOCATION OF WATER WELL: County: SEWARD	Fraction $\frac{1}{4}$ S $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 20	Township Number T 34 S	Range Number 31 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	---	-----------------------------	----------------------------------	--

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 10 MILES EAST AND 1 MILE NORTH OF LIBERAL

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: ED PITTMAN
 RR#, St. Address, Box #: 19001 RD 6
 City, State ZIP Code: LIBERAL, KS 67901

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="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> <p>W E</p> <p>S</p> </div>	NW	NE	SW	SE	<p>4 DEPTH OF WELL <u>213</u> ft.</p> <p>WELL'S STATIC WATER LEVEL <u>DRY</u> ft</p> <p>WELL WAS USED AS:</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input 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 checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input 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 _____
NW	NE																
SW	SE																
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering															
<input 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 _____															

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 6 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 36 in.

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

Grout Plug Intervals: From 3 ft. to 6 ft., From _____ ft. to _____ ft., From _____ ft. 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 checked="" type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	
Direction from well? <u>EAST</u>			
How many feet? <u>10</u>			

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
213	6	CLAY / SUBSOIL			
6	3	BENTONITE			
3	-	CUT OFF CASING AND BACKFILL			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/4/17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 805. This Water Well Record was completed on (mo/day/year) 8/11/17 under the business name of SOUTHWEST WINDMILL & WATER WELL by (signature) [Signature]

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.