

<b>1 LOCATION OF WATER WELL:</b> County: Pottawatomie	Fraction NE ¼ NW ¼ SW ¼	Section Number 10	Township Number T 10 S	Range Number 12 <input checked="" type="checkbox"/> E <input 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

411 Bertrand Ave, St. Mary's, KS 66536

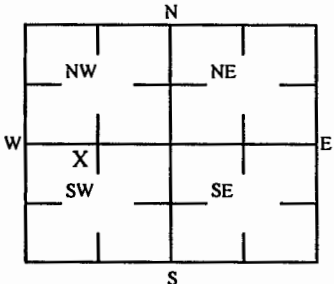
**Global Positioning Systems (GPS) information:**  
 Latitude: 39.19350° (in decimal degrees)  
 Longitude: 96.06906° (in decimal degrees)  
 Elevation: NA

Horizontal Datum  WGS84,  NAD83,  NAD27  
 Collection Method:

**2 WATER WELL OWNER:** KDHE (Bernies Self Service)  
 RR#, St. Address, Box #: 1000 SW Jackson  
 City, State ZIP Code: Topeka, KS, 66612

GPS unit (Make/model: \_\_\_\_\_)  
 Digital Map/Photo,  Topographic Map  Land Survey  
 Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

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



**4 DEPTH OF WELL** 27.8 ft. SVE6

WELL'S STATIC WATER LEVEL NA ft

WELL WAS USED AS:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input 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 checked="" 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 _____           |

Was a chemical/bacteriological sample submitted to Department? Yes  No

**5 TYPE OF BLANK CASING USED:**

- |   |                                   |  |  |   |
|---|-----------------------------------|--|--|---|
| <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought         | <input type="checkbox"/> Fiberglass    | <input type="checkbox"/> Other (Specific below) |
| <input checked="" type="checkbox"/> PVC   | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | _____   |

Blank casing diameter 4 in. Was casing pulled? Yes  No  If yes, how much 1ft  
 Casing height above or below land surface NA in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other Concrete: 0-0.5 ft; Soil: 0.5-3ft

Grout Plug Intervals: From 3 ft to 27.8 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"/> Feed yard      | <input type="checkbox"/> Abandoned water well | Direction from well? _____                     |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? _____                           |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Concrete			
0.5	3.0	Soil			
3	27.8	Bentonite			
KDHE ID: Bernie's Self Service; U4-075-00324					

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/1/2019 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 2/21/2019 under the business name of Larsen & Associates, Inc. By (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.