

**1 LOCATION OF WATER WELL:**  
 County: Wyandotte Fraction SE 1/4 SW SE 1/4 Section Number 34 Township Number T10S Range Number R250

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

Fairfax

**2 WATER WELL OWNER:**  
 RR#, St. Address, Box #: Conoco Phillips  
2029 Fairfax Trafficway  
 City, State ZIP Code: KCKS 66115  
 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:**

		N			
	NW			NE	
W					E
	SW			SE	
		S			

4

**4 DEPTH OF WELL** 21.9 ft.  
 WELL'S STATIC WATER LEVEL 18.38 ft MW 64  
 WELL WAS USED AS:  
 1 Domestic                      5 Public Water Supply                      9 Dewatering  
 2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring  
 3 Feedlot                          7 Domestic (Lawn & Garden)                      11 Injection Well  
 4 Industrial                      8 Air Conditioning                          12 Other piezometer  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X

**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 2 in. Was casing pulled? Yes X No \_\_\_\_\_ If yes, how much 21'9"  
 Casing height above or below land surface 24 in.

**6 GROUT PLUG MATERIAL:**      1 Neat cement      2 Cement grout      3 Bentonite      4 Other \_\_\_\_\_  
 Grout Plug Intervals: From 21'9" ft. to 1 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank      6 Seepage pit      10 Fuel Storage      16 Other (specify below)  
 2 Sewer lines      7 Pit privy      11 Fertilizer storage  
 3 Watertight sewer lines      8 Sewage lagoon      12 Insecticide storage  
 4 Lateral lines      9 Feedyard      14 Abandoned water well      Direction from well? \_\_\_\_\_  
 5 Cess pool      10 Livestock pens      15 Oil well/Gas well      How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>21.9</u>	<u>1</u>	<u>Bentonite chips</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/28/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 704. This Water Well Record was completed on (mo/day/year) 11-18-07 under the business name of maxs by (signature) David Smith

**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>.