

1 LOCATION OF WATER WELL: County: Wyandotte	Fraction <u>NE 1/4 NE 1/4 SE 1/4 NW 1/4</u>	Section Number <u>35</u>	Township Number T <u>10 S</u>	Range Number <u>25</u> <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

Global Positioning Systems (GPS) information:
 Latitude: 39.13872 (in decimal degrees)
 Longitude: -94.5943 (in decimal degrees)
 Elevation: 749.65
 Datum: WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/Model: Trimble GeoXT 2008 Series)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: Fairfax Drainage District
 RR#, St. Address, Box #: 1620 Fairfax Trafficway
 City, State ZIP Code: Kansas City, KS 66115

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> </div>	<p>4 DEPTH OF WELL <u>102.30</u> ft. WELL'S STATIC WATER LEVEL <u>24.0</u> 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 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 checked="" type="checkbox"/> Other <u>Relief Well</u></p> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
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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 _____ in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface (18.00) in. ft.

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

Grout Plug Intervals: From 18.00 ft. to 40.70 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage Underground Hydrocarbons from Old Refinery
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well
 Cess pool Livestock pens Oil well/Gas well

Direction from well? Southwest
 How many feet? 3700

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>18.00</u>	<u>40.70</u>	Cement Grout			
<u>40.70</u>	<u>102.30</u>	Chlorinated Silica Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/21/2011 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) 04/16/2012 under the business name of Fairfax Drainage District by (signature) Stephen P. Dancy P.E.

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>.