WA	TFR WI	rii Dii	JGGING R	FCORD	Form WV	VC-5P	KSA 82:	a-1212 ID NO.	9P	
1 I	COCATION	OF WATE	ER WELL:	Fraction		Section	Number	Township Number	Range Number	
S	County: Wyandotte Sw 4 NE 4 NE 4 NW 4 Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here check									
	WATER WELL OWNER: Fairfax Drainage District RR#, St. Address, Box #: 1620 Fairfax Trafficway City, State ZIP Code: Kansas City, KS 66115 Collection Method: □ GPS unit (Make/Model: Trimble GeoXT 2008 Series □ Digital Map/Photo, □ Topographic Map, □ Land Survey □ Land Survey □ St. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ >15 m									
1	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N 4 DEPTH OF WELL 88.50 ft. WELL'S STATIC WATER LEVEL 23.0 ft									
w	WELL WAS USED AS: NW									
5 TYPE OF BLANK CASING USED:										
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface (16.98)									
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From 16.98 ft. to 38.48 ft., From ft. to ft., From to ft.										
What is the nearest source of possible contamination: Septic tank Seepage pit Pit privy Fertilizer storage Watertight sewer lines Lateral lines Cess pool What is the nearest source of possible contamination: Fuel Storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well Direction from well? How many feet? 150										
	FROM	ТО		GING MAT	ERIALS	FROM	TO	PLUGGINO	MATERIALS	
	16.98 38.48	38.48 88.50	Cement Gro Chlorinated		1					
	30.70	00, 30	Chiomiated	Onica Caric	4					
				~~~~~						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/05/10 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) 5 to 10 PE										
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.										
Check one: White Copy Blue Copy Pink Copy										