

1 LOCATION OF WATER WELL: County: <u>Wyandotte</u>		Fraction <u>NW 1/4 SE 1/4 NW 1/4 NW 1/4</u>	Section Number <u>21</u>	Township Number <u>11 S</u>	Range Number <u>25</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W																																																						
Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here <input checked="" type="checkbox"/>			Global Positioning Systems (GPS) Information: Latitude: <u>39.084780</u> (in decimal degrees) Longitude: <u>-94.646588</u> (in decimal degrees) Elevation: _____ Datum: <input checked="" type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit Make/Model: _____ <input checked="" type="checkbox"/> Digital Map/Photo <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m <input type="checkbox"/> 3-5 m <input checked="" type="checkbox"/> 5-15 m <input type="checkbox"/> >15 m																																																								
			2 WATER WELL OWNER: Colgate-Palmolive RR#, St. Address, Box # <u>1705 Kansas Avenue</u> City, State ZIP Code <u>Kansas City, KS 66105</u>																																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF WELL: <u>41.97</u> ft. WELL'S STATIC WATER LEVEL: <u>32.22</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Old Field Water Supply <input type="checkbox"/> Domestic (Lawn/Garden) <input type="checkbox"/> Air Conditioning </div> <div> <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																									
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC </div> <div> <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS </div> <div> <input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos/Cement </div> <div> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile </div> <div> <input type="checkbox"/> Other: _____ </div> </div> Blank casing diameter: <u>1.25</u> in. Was casing pulled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much <u>3'</u> Casing height above or below land surface: _____ in.																																																											
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other: _____ Grout Plug Intervals: From <u>3</u> ft. To <u>41.97</u> ft. From _____ ft. To _____ ft. From _____ ft. To _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool </div> <div> <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens </div> <div> <input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well </div> <div> <input type="checkbox"/> Other (specify below): _____ Direction from well: _____ How many feet: _____ </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIAL</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIAL</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Native soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>41.97</td> <td>Bentonite</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIAL	FROM	TO	PLUGGING MATERIAL	0	3	Native soil				3	41.97	Bentonite																																							
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1/16/2019</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> . This Water Well Record was completed on (mo/day/year) <u>1/21/2019</u> under the business name of <u>GeoCore Inc.</u> by (signature) <u>[Signature]</u>																																																											
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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 .																																																											