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1 LOCATION OF WATER WELL: Fraction SE ¼ SE ¼ NE ¼ Section Number 4 Township Number 12S Range Number 15E
 County: Shawnee

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

1617 Fairlawn Topeka KS

2 WATER WELL OWNER: A&J Conoco Global Positioning System (decimal degrees, min. of 4 digits)
 RR#, St. Address, Box #: 1617 Fairlawn Latitude: NA
 City, State, ZIP Code: Topeka KS 66604 Longitude: NA
 Elevation: NA
 Datum: NA
 Data Collection Method: NA

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

4 DEPTH OF WELL 11.55 ft. MW7
 WELL'S STATIC WATER LEVEL NA ft.
 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 _____
 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 3'
 Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other Asphalt: 0-0.7'; Soil: 0.7-3'
 Grout Plug Intervals: From 3 ft. to 11.55 ft., From ___ ft. to ___ ft., From ___ ft. to ___ ft.
 What is the nearest source of possible contamination:
 1 Septic tank | 6 Seepage pit | 11 Fuel storage | 16 Other (specify below)
 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage
 3 Watertight sewer lines | 8 Sewage lagoon | 13 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
0	0.7	Asphalt			
0.7	3	Soil			
3	11.55	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/4/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 4/9/14 under the business name of Larsen and Associates, Inc. by (signature) _____

INSTRUCTIONS: Please fill in blanks 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.dohs.ks.gov/waterwell>.