

<b>1 LOCATION OF WATER WELL:</b> County: <b>Coffey</b>	Fraction <b>SE ¼ SE ¼ SE ¼</b>	Section Number <b>9</b>	Township Number <b>19S</b>	Range Number <b>14E</b>
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Distance and direction from nearest town or city street address of well if located within city?

NW Corner of Old Hwy 50 and Fauna Rd., Lebo KS

<b>2 WATER WELL OWNER: Lebo Implement Company, Inc</b>  RR#, St. Address, Box #: PO Box 67  City, State, ZIP Code: Lebo KS 66856	<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <u>NA</u> Longitude: <u>NA</u> Elevation: <u>NA</u> Datum: <u>NA</u> Data Collection Method: <u>NA</u>
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**3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:**

**4 DEPTH OF WELL** 13.00 ft. MW2

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 <input checked="" type="radio"/> 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

**5 TYPE OF BLANK CASING USED:**

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below) _____
2 <input checked="" type="radio"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes  No  If yes, how much 3ft

Casing height above or below land surface NA in.

**6 GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout  3 Bentonite  4 Other Gravel: 0-0.3ft; Soil: 0.3-3ft

Grout Plug Intervals: From 3 ft. to 13.00 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	0.3	Gravel			
0.3	3	Soil			
3	13.00	Bentonite			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/1/12 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) 9/6/12 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 66608-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell>.