

ID NO.

MW3

1 LOCATION OF WATER WELL: County: Bourbon		Fraction SW ¼ NW ¼ NW ¼ SW ¼		Section Number 19	Township Number T 25 S	Range Number 25	<input checked="" type="checkbox"/> E <input type="checkbox"/> W																																										
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> 998 N. National, Fort Scott, KS				Global Positioning Systems (GPS) information: Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/model: _____) <input 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 type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																													
2 WATER WELL OWNER: RR#, St. Address, Box #: Pete's Corporation 1712 Broadway City, State ZIP Code: Parsons, KS 67357																																																	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;">N NW NE W X E SW SE S</div>				4 DEPTH OF WELL 20.0 ft. MW3 WELL'S STATIC WATER LEVEL NA 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"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning</div><div><input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____</div></div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																													
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input checked="" type="checkbox"/> PVC <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 (Specific below) _____</div></div> Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3 ft Casing height above or below land surface NA in.																																																	
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other 0-0.5' Concrete; 0.5-3' Soil Grout Plug Intervals: From 3 ft to 20.0 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; margin-top: 10px;"><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"/> Feed yard <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;"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>0</td><td>0.5</td><td>Concrete</td><td></td><td></td><td></td></tr><tr><td>0.5</td><td>3</td><td>Soil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>20.0</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 colspan="6" style="text-align: right;">Pump N Pete's #20: U3-006-14774</td></tr></tbody></table>				FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	0	0.5	Concrete				0.5	3	Soil				3	20.0	Bentonite																Pump N Pete's #20: U3-006-14774									
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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) 4/17/2017 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 5/17/2017 under the business name of Larsen & Associates, Inc. By (signature) _____																																													
<p>Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records</p> <p>Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;">KSA82a-1212Revised 1/20/2015</div>																																																	