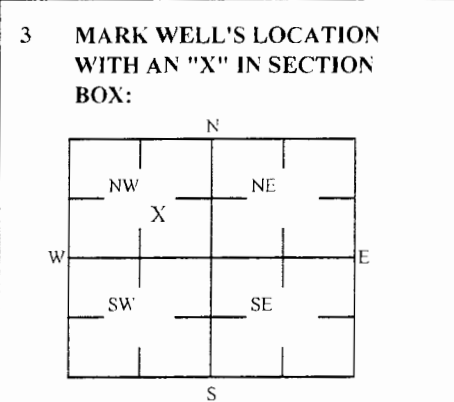


1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NW ¼ SE ¼ NW ¼	Section Number 21	Township Number T 27 S	Range Number 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location: if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
151 N. Rock Island, Wichita, KS 67202

Global Positioning Systems (GPS) information:
 Latitude: NA (in decimal degrees)
 Longitude: NA (in decimal degrees)
 Elevation: NA
 Horizontal Datum WGS84. NAD83. NAD27
 Collection Method:
 GPS unit (Make/model: _____)
 Digital Map/Photo. Topographic Map Land Survey
 Est. Accuracy: <3 m. 3-5 m. 5-15 m. >15 m

2 WATER WELL OWNER: KDHE (Ross Service Center)
 RR#. St. Address, Box #: 1000 SW Jackson, Ste 410
 City, State ZIP Code: Topeka, KS 66612



4 DEPTH OF WELL 24.2 **ft.** RMW5
 WELL'S STATIC WATER LEVEL NA ft
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specific below)
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much _____
 Casing high above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From 0 ft to 24.2 ft. From _____ ft to _____ ft. From _____ ft to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage _____
 Watertight sewer lines Sewage lagoon Insecticide storage _____
 Lateral lines Feed yard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	24.2	Bentonite			

KDHE ID: Ross Service Center: U2-087-00202

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/20/2018 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) 9/14/2018 under the business name of Larsen & Associates, Inc. By (signature) _____

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
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.