

MW8

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|--|-----------------------------|----------------------|---------------------------|---|
| 1 LOCATION OF WATER WELL: County: Neosho | Fraction SW¼ NW¼ NW¼ NW¼ | Section Number 33 | Township Number T 27 S | Range Number 18 <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 <input type="checkbox"/> 2110 S Santa Fe, Chanute, KS 66720 | Global Positioning Systems (GPS) information: Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum <input checked="" 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: KDHE (Southtown) RR#, 1000 SW Jackson City, State ZIP Code: Topeka, KS 66612 | |
|---|--|

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

| | | | |
|----|--|----|---|
| N | | | |
| X | | | |
| NW | | NE | |
| W | | | E |
| SW | | SE | |
| S | | | |

4 DEPTH OF WELL 9.9 ft. MW8

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

| | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input checked="" type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> 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 3'
 Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Concrete: 0-0.5'

Grout Plug Intervals: From 0.5 ft to 9.9 ft, From _____ ft to _____ ft, From _____ ft to _____ ft.

What is the nearest source of possible contamination:

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input checked="" type="checkbox"/> Fuel storage | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | _____ |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | _____ |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feed yard | <input type="checkbox"/> Abandoned water well | Direction from well? _____ |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? _____ |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|----------------------------------|-----|--------------------|------|----|--------------------|
| 0 | 0.5 | Concrete | | | |
| 0.5 | 9.9 | Bentonite | | | |
| | | | | | |
| | | | | | |
| KDHE ID: Southtown; U3-067-14431 | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/11-12/19 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) 6/14/2019 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.