

<b>1 LOCATION OF WATER WELL:</b> County: Wilson	Fraction NE ¼ NW ¼ SE ¼ SW ¼	Section Number 12	Township Number T 29 S	Range Number 14 <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

321 N 7th, Fredonia, KS

**Global Positioning Systems (GPS) information:**  
 Latitude: NA (in decimal degrees)  
 Longitude: NA (in decimal degrees)  
 Elevation: NA  
 Horizontal Datum  WGS84,  NAD83,  NAD27  
 Collection Method:

**2 WATER WELL OWNER:** Fowler, Douglas  
 RR#, St. Address, Box #: 505 S 20th St  
 City, State ZIP Code: Fredonia, KS 66736

GPS unit (Make/model): \_\_\_\_\_  
 Digital Map/Photo,  Topographic Map  Land Survey

Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

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

A 2x2 grid representing a section. The quadrants are labeled NW, NE, SW, and SE. An 'X' is marked in the SW quadrant. The grid is bounded by N, S, E, and W.

**4 DEPTH OF WELL** 10.2 ft. MW2  
 WELL'S STATIC WATER LEVEL NA 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 3ft  
 Casing height above or below land surface NA in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other Concrete: 0-0.5ft; Soil: 0.5-3ft

Grout Plug Intervals: From 3 ft to 10.2 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 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	3	Soil			
3	10.2	Bentonite			
KDHE ID: Fredonia Pharmacy: U3-103-14837					

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/11/2018 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) 7/11/2018 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.