

1 LOCATION OF WATER WELL: County: Crawford	Fraction NW ¼ SW ¼ NW ¼ NW ¼	Section Number 29	Township Number T 30 S	Range Number 25 <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

122 N Broadway, Pittsburg

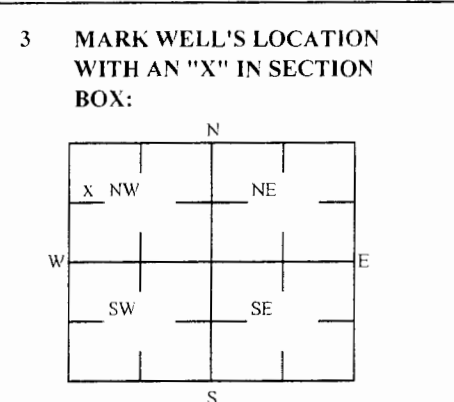
Global Positioning Systems (GPS) information:

Latitude: NA (in decimal degrees)
Longitude: NA (in decimal degrees)
Elevation: NA

Horizontal Datum WGS84, NAD83, NAD27
Collection Method:

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box #: 1000 SW Jackson
City, State ZIP Code: Topeka, KS 66612

GPS unit (Make/model):
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m



4 DEPTH OF WELL 18.6 ft. MW2
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:
 Steel RMP (SR) Wrought Fiberglass Other (Specific below)
 PVC ABS Asbestos-Cement 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 Soil: 0-3ft
Grout Plug Intervals: From 3 ft to 18.6 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
 Cess pool Livestock pens Oil well/Gas well
Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Soil			
3	18.6	Bentonite			

KDHE ID: Dobbs Parts & Service; U3-019-14894

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/30/2018 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) 5/31/2018 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.