

MW2

1 LOCATION OF WATER WELL: County: Crawford		Fraction SE ¼ NE ¼ NE ¼		Section Number 19		Township Number T 30 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 1711 N Broadway, Pittsburg, 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 #: City, State ZIP Code:				Short Stop 1711 Broadway Pittsburg, KS 66762																																																																													
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF WELL 21 ft. WELL'S STATIC WATER LEVEL NA ft. WELL WAS USED AS: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>						<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 _____																																																												
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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 <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3'																																																																													
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 Soil: 0-3'																																																																																	
Grout Plug Intervals: From 3 ft to 21 ft, From _____ ft to _____ ft, From _____ ft to _____ ft,																																																																																	
What is the nearest source of possible contamination:																																																																																	
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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) 5/18-19/20 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) 6/2/2020 under the business name of Larsen & Associates, Inc. By (signature) _____																																																																																	

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 S.W. 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.