

1 LOCATION OF WATER WELL: County: Sumner	Fraction NE 1/4 NW 1/4 NW 1/4 NW 1/4	Section Number 1	Township Number T 31 S	Range Number 1 <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
 ~170' SE. of 400 E. 4th, Belle Plaine, 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:
 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: Flaming Investments
 RR#: St. Address, Box #: PO Box 580
 City, State ZIP Code: Belle Plaine, KS

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

	N		
X	NW	NE	
W			E
	SW	SE	
	S		

4 DEPTH OF WELL 23.7 ft.
 WELL'S STATIC WATER LEVEL _____ 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 3'
 Casing height above or below land surface NA in.

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

Grout Plug Intervals: From 0.5 ft to 23.7 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	0.5	Soil			
0.5	23.7	Bentonite			

KDHE ID: SAV-A-TRIP #6: U2-096-11160

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/18/2018 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) 10/15/18 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.