

1 LOCATION OF WATER WELL: County: Montgomery	Fraction NE¼ SE¼ NW¼ SW¼	Section Number 30	Township Number T 32 S	Range Number 16 <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 ☐
1401 N Penn, Independence KS

Global Positioning Systems (GPS) information:

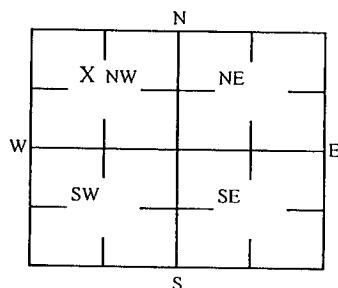
Latitude: NA (in decimal degrees)
Longitude: NA (in decimal degrees)
Elevation: NA

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: KDHE (Kendricks)
RR#, 1000 SW Jackson
City, State ZIP Code: Topeka, KS 66612

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

4 DEPTH OF WELL 14.97 ft. MW2R

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:

☐ 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 3' Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL:

☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other Asphalt: 0-0.5'

Grout Plug Intervals: From 0.5 ft to 14.97 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	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Asphalt			
0.5	14.97	Bentonite			

KDHE ID: Kendricks Service; U3-063-00423

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/30-31/19 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) 8/13/19 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/watervell/index.html> Telephone 785-296-5524.