

MW4R

|  |                             |                      |                           |   |
|--|-----------------------------|----------------------|---------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Montgomery | Fraction<br>NE¼ SE¼ NW¼ NW¼ | Section Number<br>30 | Township Number<br>T 32 S | Range Number<br>16 <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   
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:**

|      |  |    |
|------|--|----|
| N    |  |    |
| X NW |  | NE |
| W    |  | E  |
| SW   |  | SE |
| S    |  |    |

**4 DEPTH OF WELL** 14.88 ft. MW4R

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:**

|   |                                   |  |  |   |
|---|-----------------------------------|--|--|---|
| <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 Asphalt: 0-0.5'

Grout Plug Intervals: From 0.5 ft to 14.88 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  | 14.88 | 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/waterwell/index.html> Telephone 785-296-5524.