

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 ☐
 ~50' west of 1401 N Penn, Independence KS

Global Positioning Systems (GPS) information:

Latitude: NA (in decimal degrees)

Longitude: NA (in decimal degrees)

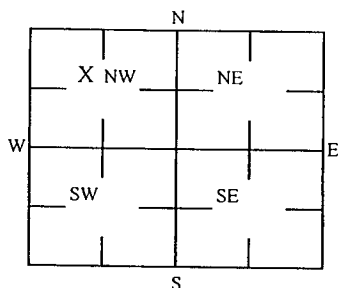
Elevation: NA

Horizontal Datum ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

☐ GPS unit (Make/model: _____)☐ Digital Map/Photo, ☐ Topographic Map ☐ Land SurveyEst. 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** 15.20 ft. MW11

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

☐ Dewatering
☒ Monitoring
☐ Injection Well
☐ Other _____

Was a chemical/bacteriological sample submitted to Department?

Yes ☐ No ☒**5 TYPE OF BLANK CASING USED:**
☐ Steel
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile
☐ Other (Specific below) _____

Blank casing diameter 2 in.

Casing height above or below land surface

Was casing pulled? Yes ☒ No ☐

NA in.

If yes, how much 3'

6 GROUT PLUG MATERIAL:☐ Neat cement☐ Cement grout☒ Bentonite☒ Other

Soil: 0-0.5'

Grout Plug Intervals: From 0.5 ft to 15.20 ft, From _____ ft to _____ ft, From _____ ft to _____ ft,

What is the nearest source of possible contamination:

☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feed yard
☐ Livestock pens

☒ Fuel storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well
☐ Other (specify below) _____

Direction from well? _____

How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Soil			
0.5	15.20	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.