

MW4

1 LOCATION OF WATER WELL: County: Montgomery	Fraction NW ¼ SW ¼ SE ¼ SW ¼	Section Number 36	Township Number T 35 S	Range Number 16 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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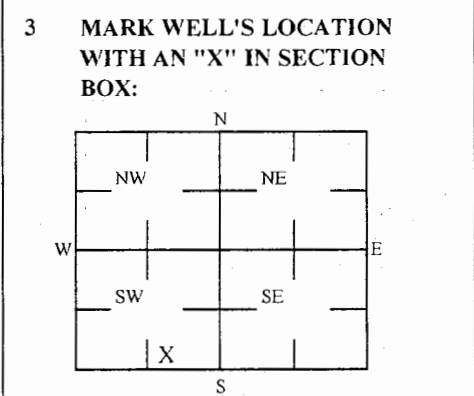
Street/Rural Address of Well Location: if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
619 S Walnut St. Coffeyville, KS

Global Positioning Systems (GPS) information:
Latitude: NA (in decimal degrees)
Longitude: NA (in decimal degrees)
Elevation: NA

Horizontal Datum WGS84, NAD83, NAD27
Collection Method:

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box #: 1000 SW Jackson
City, State ZIP Code: Topeka KS 66612

GPS unit (Make/model): _____
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m



4 DEPTH OF WELL 20.5 ft. MW4
WELL'S STATIC WATER LEVEL NA 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:
 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 _____
Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
Grout Plug Intervals: From 0.5 ft to 20.5 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 Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0.5	20.5	Bentonite			

KDHE ID: Commercial Property: U3-063-14707

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/26/2018 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) 7/2/2018 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.