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<b>1 LOCATION OF WATER WELL:</b> County: <b>Hamilton</b>	Fraction <b>NW ¼ NE ¼ SE ¼</b>	Section Number <b>7</b>	Township Number <b>24S</b>	Range Number <b>40W</b>
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Distance and direction from nearest town or city street address of well if located within city?

<b>2 WATER WELL OWNER:</b> <b>City of Syracuse</b>  RR#, St. Address, Box #: <b>PO Box 148</b>  City, State, ZIP Code: <b>Syracuse, KS 67878-0148</b>	<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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**3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:**

**4 DEPTH OF WELL** 19.5 ft. MW5

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_ No X

**5 TYPE OF BLANK CASING USED:**

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	_____

Blank casing diameter 2 in. Was casing pulled? Yes X No \_\_\_ If yes, how much 3 ft  
Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil: 0-3 ft

Grout Plug Intervals: From 3 ft. to 19.5 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	_____
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	_____
4 Lateral lines	9 Feedyard	14 Abandoned water well	Direction from well?
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet?

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Soil			
3	19.5	Bentonite			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/21/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 8/5/09 under the business name of Larsen and Associates, Inc. by (signature) \_\_\_\_\_

**INSTRUCTIONS:** Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas, 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell>.