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|--|-----------------------------|----------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: Sumner | Fraction NE¼ NE¼ SE¼ SE¼ | Section Number 26 | Township Number T 31 S | Range Number 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|--|-----------------------------|----------------------|---------------------------|--|

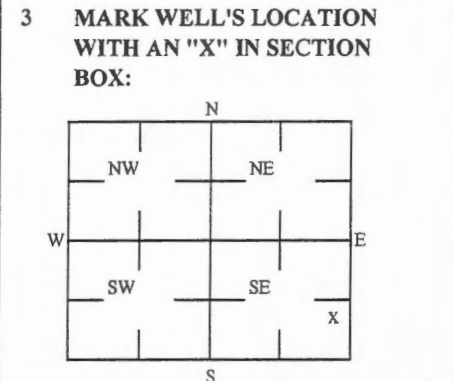
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
441 N. West Road, Wellington KS

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: City of Wellington
RR#, St. Address, Box #: 317 S. Washington
City, State ZIP Code: Wellington, KS 67152

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 19.55 ft. MW6
WELL'S STATIC WATER LEVEL _____ 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 3 ft
Casing high above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Asphalt: 0-0.5 ft; Soil: 0.5-3 ft
Grout Plug Intervals: From 3 ft to 19.55 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 | 0.5 | Asphalt | | | |
| 0.5 | 3 | Soil | | | |
| 3 | 19.55 | Bentonite | | | |
| | | | | | |
| KDHE ID: Wellington Municipal Airport; U2-096-14649 | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/3/16 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) 2/10/16 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.