

1 LOCATION OF WATER WELL: County: **Sumner**

Fraction **NW ¼ NW ¼ NW ¼**

Section Number **4**

Township Number **34S**

Range Number **2** **W**

Distance and direction from nearest town or city street address of well if located within city?
1107 S. Robin Rd, Corbin, KS

2 WATER WELL OWNER: **KDHE**
RR#, St. Address, Box #: 1000 SW Jackson #410
City, State, ZIP Code: Topeka, KS 66612

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:

N

X

NW

NE

W

SW

SE

E

S

4 DEPTH OF WELL **21.5** ft.
WELL'S STATIC WATER LEVEL _____ ft.
WELL WAS USED AS:

1 Domestic

2 Irrigation

3 Feedlot

4 Industrial

5 Public Water Supply

6 Oil Field Water Supply

7 Domestic (Lawn & Garden)

8 Air Conditioning

9 Dewatering

10 Monitoring

11 Injection Well

12 Other Soil Vapor Extraction:

SVE-4
Was a chemical/bacteriological sample submitted to Department? Yes ___ No X

5 TYPE OF BLANK CASING USED:

1 Steel

2 PVC

3 RMP (SR)

4 ABS

5 Wrought

6 Asbestos-Cement

7 Fiberglass

8 Concrete Tile

9 Other (specify below) _____

Blank casing diameter **4.0** 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 **21.5** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank

2 Sewer lines

3 Watertight sewer lines

4 Lateral lines

5 Cess pool

6 Seepage pit

7 Pit privy

8 Sewage lagoon

9 Feedyard

10 Livestock pens

11 Fuel storage

12 Fertilizer storage

13 Insecticide storage

14 Abandoned water well

15 Oil well/Gas well

16 Other (specify below) Contaminated site
Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Soil			
3	21.5	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **10/5/07** 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) **11/19/07** under the business name of **Larsen & 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>.