

1 LOCATION OF WATER WELL: Fraction SW 1/4 NW 1/4 SE 1/4 NW 1/4 Section Number 1 Township Number T 35 S Range Number 24 E W
 County: Cherokee

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Kansas Rte 66 Visitor Station
940 Military Ave. Baxter Springs KS

Global Positioning Systems (GPS) information:
 Latitude: 37.0256 (in decimal degrees)
 Longitude: -94.7350 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Phillips 66
 RR#, St. Address, Box #: 1604-02 Phillips Bldg.
 City, State ZIP Code: Bartlesville OK 74003

GPS unit (Make/Model: Garmin etrek 10)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

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

N		
	NW	NE
W	X	
	SW	SE
S		
E		

4 DEPTH OF WELL 19 ft.

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input checked="" type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> 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 (Specify below) _____

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much all

Casing height above or below land surface -6 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 2 ft. to 19 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input checked="" type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
2	19	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/3/16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 5-5-16 under the business name of Below Ground Surface, Inc. by (signature) Michael T. Oring

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.