

## Quarterly Observation Well Report LP and Natural Gas Storage Project

**Return to:**

Kansas Department of Health and Environment  
Bureau of Water, Geology Section  
1000 SW Jackson, Suite 420  
Topeka, Kansas 66612-1367

Company Name

Facility Name:

Address:

Contact Person:

Wells are to be tested monthly for gas and quarterly for chlorides with the results for both submitted quarterly. This report is due within 30 days of the end of the quarter being reported. In cases of either significant chloride increase or the detection of gas, KDHE shall be notified immediately.

Monthly Combustible Gas Results are reported in % LEL												
Well No.	Static Water Level (bgs)	Chloride Sample Date	Chloride Concentration (ppm)	(1) Test Date	(1) Result	(2) Test Date	(2) Result	(3) Test Date	(3) Result	Person Conducting Test	Person Collecting Sample	Remarks

Certified Laboratory Name and Kansas Certification Number:

Describe any observation well treatment, testing, workovers, reconstruction, or pluggings during this reporting period:

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Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_