					•
LOCATION OF WATER WELL: Fra	ction NW	Section Number	Township Number	Range Number	
inty: Potawatamie	1/456 1/4561/4	9	10 5	1.8E	
stance and direction from nearest	toum on situ atron	t address of well if	located within city?	. / .	. /
WATER WELL OWNER: U.S. Geolog	In of Mas	rhattan Wel	e field on N	Bank of Big Bi	i/ve
WATER WELL OWNER: U.S. Geolog	sical Survey			, ,	
#, St. Address, Box #: 4821 Query, State, ZIP Code : Lauren	oan cress. FL	Board of Agric	culture, Division of	Water Resources	
11		- Apprication in			
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:					
N		ER LEVEL	ft. 10'		
	WELL WAS USED AS:	•			
N W N E	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water	ply <u>9 Dewaterir</u> Supply <u>10 Mon</u> itorir		
E	3 Feedlot 4 Industrial		Only 11 Injection	Well	
	4 Industriat	o All Concining	TE Other		
			ubmitted to Departmen	nt? YesNo.	
		ample was submitted.			
s I	Mater Well Disinfec	ted: Yes No	.V		
TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought	7 Fibon	glass 9 Other	(specify below)		
2 PVC) 4 ABS 6 Asbestos	-Cement 8 Concr	ete Tile	• • • • • • • • • • • • • • • • • • • •		
Blank casing diameteri Casing height above or below land	n. Was casing	pulled? Yes.X	No If yes, how	much. 3.4	
Casing height above or below land	surface	6::in. be l	ow		
GROUT PLUG MATERIAL: 1 Neat ceme		ut Bentonite			
Grout Plug Intervals: From	ft. to	., Fromft. t	oft., From	toft.	
What is the nearest source of pos	ssible contaminatio	ri:			
_	Seepage pit	11 Fuel storage		pecify below)	
3 Watertight sewer lines 8 S		12 Fertilizer stora 13 Insecticide stor	age	about 400'	
	eedyard ivestock pens	14 Abandoned water 15 Oil well/Gas wel	well Jay	h of well.	
Direction from well?		How many feet?		n of the	
FROM TO PLUGGIA	IG MATERIALS				
57' 2' Hole	Plug				
0	709				
2' 0 Soil				_	
			. '		
CONTRACTOR'S OR LANDOWNER'S CERT	IFICATION:This water	 er well was plugged u	under my jurisdiction	and was completed	
on (mo/day/year) Sept. & 1.19.98 Water Well Contractor's License!	No	This Water Well	Record was complete	d on (mo/day/year)	
by (signature)	er the business nam	. موری کی میری ne of	\$,	
- January	C. My			an fill in blanks	
STRUCTIONS: Use typewriter or ba derline or circle the correct ans	wers. Send top the	ree copies to Kansas	Department of Health	and Environment,	
reau of Water, Topeka, Kansas 660 e for your records.	520-0001. Telephor	ne: 913/296-3 56 5. S	send one to Water Wel	Owner and retain	