U565-6 391147096320302

WATER WELL PLUGGING RECORD Form WWWC-5P KSA82a-1212

1	LOCATIO	N OF WAT	ER WELL:		NTTT7	CIII	Sec	tion Number	Townsh	ip Number	Range	Number	
-	County: 1	Riley		NE 1/4	NW 1/4	SW 1/4		9 .	10	S	8E		
Distance and direction from nearest town or city street address of well if located within city?  East of Manhattan													
2 WATER WELL OWNER: USGS													
	RR#, St. Address, Box #: City, State, ZIP Code:  4821 Quail Crest Place Lawrence, KS 66049  Board of Agriculture, Division of Water Resources Application Number:												
3	1												
"X" in section box WELL'S STATIC WATER LEVEL . 24.6 ft.													
N N N N N N N N N N N N N N N N N N N													
		Ť T	—   W	ELL W	ELL WAS USED AS:								
w	_JX	E E			1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring well 3 Feedlot 7 lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other								
Was a chemical/bacteriological sample submitted to Department If yes, mo/day/yr sample was submitted										Yes	N <sub>0</sub> X		
ĺ		S		Water	Well Dis	sinfec	ted: \	íes No .X	· • .				
5 TYPE OF BLANK CASING USED:													
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile													
	Blank Casing diameter . 2 in. Was casing pulled? Yes . X No If yes, how much . 3 feet												
Casing height above or below land surface - 3 feet in.													
6 GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement Grout 3 Bentonite 4 Other													
Grout Plug Intervals: From 3 ft. to . 66.1. ft, From . 0 ft. to 3 ft., From ft. to ft.													
What is the nearest source of possible contamination:													
	1 Septic			Seepage p	oit			el storage		16 Other (spe	cify belov	v)	
			Pit privy				lizer Storage		River				
							Insecticide storagebandoned water well			• • • • • • • • • • • • • • • • • • • •			
	5 Cess po			ivestock	pens			well / gas well					
Direction from well? South How many feet? 20 feet													
	FROM	TO	PLUC	GGING M	1ATERIA	ALS							
		3	Soil										
3	3	66.1	Bentoni	te									
7 CONTRACTOR'S OR LANDOWNER' GERTIFICATION. THE													
CONTRACTOR'S OR LANDOWNER' CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1.7.7.90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No													
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle													
the correct answers. Send top three copies to Kansas Department of Health and Environment. Bureau of Water. Topeka, Kansas 66620-0001. Telephone 785-296-3565. Send one to Water Well owner and retain one for your records.													