

1 LOCATION OF WATER WELL County: Pottawatomie	Fraction SE 1/4 SW 1/4 NW 1/4	Section Number 17	Township Number T 10 S	Range Number R 8 E/W
---	---	-----------------------------	----------------------------------	--------------------------------

Distance and direction from nearest town or city? **1/2 Mi. E.** Street address of well if located within city?

2 WATER WELL OWNER: **City of Manhattan**
 RR#, St. Address, Box #: **P. O. Box 748**
 City, State, ZIP Code: **Manhattan, Ks. 66502**

Dewatering Well # 1-84 Plugging Report
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: _____ ft. Bore Hole Diameter: _____ in. to _____ ft., and _____ in. to _____ ft.

Well Water to be used as:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Observation well
		12 Other (Specify below)

Well's static water level _____ ft. below land surface measured on _____ month _____ day _____ year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:

5 Wrought iron	8 Concrete tile	Casing Joints: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement
2 PVC	4 ABS	7 Fiberglass
		9 Other (specify below)
		10 Observation well
		11 Injection well
		12 Other (Specify below)

Blank casing dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

Screen or Perforation Openings Are:

5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped
2 Louvered shutter	4 Key punched	7 Torch cut
		10 Other (specify)

Screen-Perforation Dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grouted Intervals: From 0 ft. to 14 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
			13 Watertight sewer lines	

Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

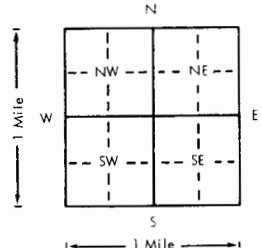
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ May _____ month _____ 31 _____ day _____ 1984 _____ year.

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102

This Water Well Record was completed on _____ 6 _____ month _____ 5 _____ day _____ 1984 _____ year under the business name of Layne-Western Co., Inc. by (signature) Ornel Azorido

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		The screen & casing were pulled on 5/31/84; hole caved in to SWL at 14'; filled with 500# bentonite grout & chlorinated sand mix.			



ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY