USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

Plugging Report

To BWS 5-21-80

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

Date Plugged: May 9, 1980

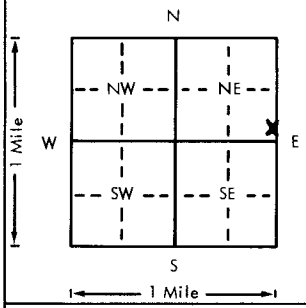
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Shawnee	SE 1/4 SE 1/4 NE 1/4	14	T 11 S	R 15 (E) W

2. Distance and direction from nearest town or city: 1/2 N. of Topeka

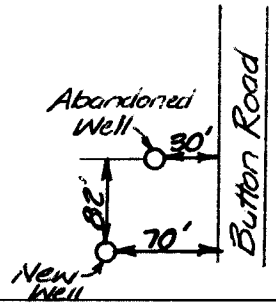
Street address of well location if in city:

3. Owner of well: Rural Water District No. 4
R.R. or street: 3333 NW Button Road
City, state, zip code: Topeka, Kansas 66618

4. Locate with "X" in section below:



Sketch map:



5. Type and color of material	From	To
0.75 yd.³ River Sand (Sterilized)	59	28
0.55 yd.³ Neat Cement Grout	28	5
1/4" Steel Plate (Welded Continuous)	–	–
Soil	5	0

(Use a second sheet if needed)

6. Bore hole dia. ____ in. Completion date ____
Well depth ____ ft.

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded ____ Surface ____ in.
RMP ____ PVC ____ Weight ____ lbs./ft.
Dia. ____ in. to ____ ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. ____

10. Screen: Manufacturer's name ____
Type ____ Dia. ____
Slot/gauze ____ Length ____
Set between ____ ft. and ____ ft.
____ ft. and ____ ft.
Gravel pack? ____ Size range of material ____

11. Static water level: mo./day/yr.
____ ft. below land surface Date ____

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

13. Water sample submitted: mo./day/yr.
____ Yes ____ No Date ____

14. Well head completion:
____ Pitless adapter ____ Inches above grade

15. Well grouted? ____
With: ____ Neat cement ____ Bentonite ____ Concrete
Depth: From ____ ft. to ____ ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ____ Yes ____ No

17. Pump: ____ Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
____ Submersible ____ Turbine
____ Jet ____ Reciprocating
____ Centrifugal ____ Other

18. Elevation:

Topography:
____ Hill
____ Slope
____ Upland
____ Valley

19. Remarks:

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Layne-Wester 102
Business name License No.
Address ____
Signed ____ Date ____
Authorized representative

T 11 R 15 (E) W Sec 14 1/4 SE 1/4 SE 1/4 NE 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

M1-1023