WATER WELL PLUGGING RECORD    Form WWC-5P    KSA 82a-1212    ID NO._____

**1** LOCATION OF WATER WELL:

| County: Shawnee | Fraction: SW NE SW | Section Number: 1 | Township Number: 12 | Range Number: 15 (E/W) |

Distance and direction from nearest town or city street address of well if located within city?

1700 SW College, Topeka

**2** WATER WELL OWNER: Washburn University

RR #, St. Address, Box #: 1700 SW College
City, State, ZIP Code: Topeka, KS                    14

Board of Agriculture, Division of Water Resources
Application Number:                    NW2

**3** MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

```
            N
    |----|----|----|----|
    |  NW     |   NE     |
  W |----|----|----|----| E
    |  SW X   |   SE     |
    |----|----|----|----|
            S
```
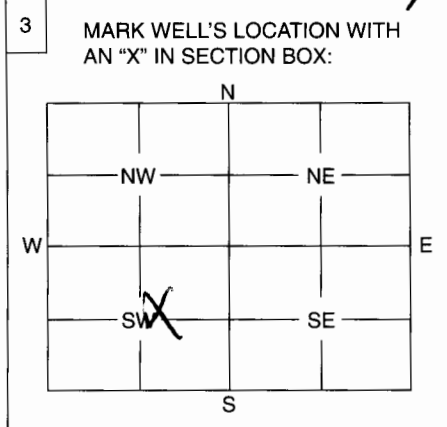
**4** DEPTH OF WELL ........14........ ft.

WELL'S STATIC WATER LEVEL ................. ft.

WELL WAS USED AS:

1 Domestic          5 Public Water Supply      9 Dewatering
2 Irrigation        6 Oil Field Water Supply   10 Monitoring Well
3 Feedlot           7 Domestic (Lawn & Garden) 11 Injection Well
4 Industrial        8 Air Conditioning         12 Other ..........................

Was a chemical / bacteriological sample submitted to Department? Yes .............. No X
If yes, mo/day/yr sample was submitted ................................

Water Well Disinfected:  Yes ........... 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.....13.11
Casing height above or below land surface ..........0.......... in.

**6** GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout    3 Bentonite    4 Other ........................

Grout Plug Intervals:    From ....3.... ft.    to ...14... ft.,    From ...............ft.    to ...............ft.,    From ...............    to ...............ft.

What is the nearest source of possible contamination:

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

Direction from well? .....................................    How many feet? .........................................

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|
| 0 | 3 | Soil |
| 3 | 14 | Bentonite |
| | | |
| | | |
| | | |
| | | |

**7** CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on
(mo/day/year) .....3/8/06........................ and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. ...........757........... This Water Well Record was completed on (mo/day/year)
3/1/06........., under the business name of ....Larsen Associates, Inc....................
by (signature) ..........................

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.