

1 LOCATION OF WATER WELL: County: Shawnee Fraction: 1W 1/4 SW 1/4 SE 1/4 Section Number: 6 Township Number: 12S Range Number: 16 OW

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

123 SE 20th Topeka, KS 66612

2 WATER WELL OWNER: Robert Florence Contractor, Inc. RR#, St. Address, Box #: 1934 S. Kansas Ave City, State ZIP Code: Topeka, KS. 66612

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 39-01-52
 Longitude: 95-40-40
 Elevation: 900.68
 Datum: _____
 Data Collection Method: _____

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

N	
NW	NE
SW	SE
S	

W E

X

4 DEPTH OF WELL 24.55 ft.
 WELL'S STATIC WATER LEVEL 19.22 ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<u>10 Monitoring</u>
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 _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes X No _____ If yes, how much 3'
 Casing height above or below land surface 40 in.

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

Grout Plug Intervals: From 24.55 ft. to 1 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	<u>material storage yard</u>
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	Direction from well? <u>well in yard</u>
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>24.55</u>	<u>1</u>	<u>Bentonite Chips</u>			
<u>1</u>	<u>0</u>	<u>Gravel</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/10/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA. This Water Well Record was completed on (mo/day/year) 7/17/09 under the business name of Tank Management Services by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.