

1 LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Douglas</u>	<u>SE 1/4 NE 1/4 NE 1/4</u>	<u>25</u>		<u>T</u>	<u>12</u>	<u>S</u>	<u>R 19</u> E <u>W</u>

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

North, northeast of the intersection of W. 2nd St. and Indiana St. in Lawrence

2 WATER WELL OWNER: Burns & McDonnell
 RR#, St. Address, Box # 9400 Ward Parkway Board of Agriculture, Division of Water Resources
 City, State, ZIP Code Kansas City, MO 64114 Application Number:

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> </div>	<p>4 DEPTH OF WELL <u>50</u> ft WELL'S STATIC WATER LEVEL <u>11.34</u> ft. WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other Piezometer Well</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input checked="" type="checkbox"/> No _____</p>	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 Piezometer Well
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 Piezometer Well											

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 _____ No If yes, how much _____
 Casing height above or below land surface 36 in.

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

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From 50 ft. to 3 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	<u>None known</u>
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
50	3	Bentonite Holeplug
3	0	Compacted Soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-9-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 8-17-06 under the business name of Clarke Well & Equipment, 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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.