

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Douglas	NW 1/4 NW 1/4 SW 1/4	17	12	20-East																																
Distance and direction from nearest town or city street address of well if located within city? 2500 Airport Road, Lawrence, Kansas																																				
2 WATER WELL OWNER: City of Lawrence																																				
RR#, St. Address, Box # 6 East 6th Street																																				
City, State, ZIP Code : Lawrence, Kansas 66044																																				
Board of Agriculture, Division of Water Resources Application Number:																																				
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 25.0 ft.																																		
<div style="text-align: center;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">X</td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr></table><div style="display: flex; justify-content: space-between; margin-top: 5px;">WE</div><div style="display: flex; justify-content: space-between; margin-top: 5px;">SWSE</div>S</div>						X				WELL'S STATIC WATER LEVEL 20.63 ft.																										
		X																																		
WELL WAS USED AS:																																				
<div style="display: flex; justify-content: space-between;"><div><div>1 Domestic</div><div>2 Irrigation</div><div>3 Feedlot</div><div>4 Industrial</div></div><div><div>5 Public Water Supply</div><div>6 Oil Field Water Supply</div><div>7 Lawn and Garden (domestic)</div><div>8 Air Conditioning</div></div><div><div>9 Dewatering</div><div><input checked="" type="radio"/> 10 Monitoring Well</div><div>11 Injection Well</div><div>12 Other</div></div></div>																																				
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 _____ No <input checked="" type="checkbox"/>																																				
5 TYPE OF BLANK CASING USED:																																				
<div style="display: flex; justify-content: space-between;"><div>1 Steel</div><div>3 RMP (SR)</div><div>5 Wrought</div><div>7 Fiberglass</div><div>9 Other (specify below)</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="radio"/> 2 PVC</div><div>4 ABC</div><div>6 Asbestos-Cement</div><div>8 Concrete Tile</div></div> <div style="display: flex; justify-content: space-between;"><div>Blank casing diameter 2.375 in.</div><div>Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much? N/A</div></div> <div style="display: flex; justify-content: space-between;"><div>Casing height above or below land surface Unknown in.</div><div>Casing plugged; casing removed to depth of 3' BTOC.</div></div>																																				
6 GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other _____																																				
Grout Plug Intervals From 0.0 ft. to 3.0 ft. From 3.0 ft. to 25.0 ft. From _____ ft. to _____ ft.																																				
What is the nearest source of possible contamination:																																				
<div style="display: flex; justify-content: space-between;"><div><div>1 Septic tank</div><div>2 Sewer lines</div><div>3 Watertight sewer lines</div><div>4 Lateral lines</div><div>5 Cess Pool</div></div><div><div>6 Seepage pit</div><div>7 Pit privy</div><div>8 Sewage lagoon</div><div>9 Feedyard</div><div>10 Livestock pens</div></div><div><div><input checked="" type="radio"/> 11 Fuel storage</div><div>12 Fertilizer storage</div><div>13 Insecticide storage</div><div>14 Abandoned water well</div><div>15 Oil well/ Gas well</div></div><div><div>16 Other (specify below)</div></div></div>																																				
Direction from well? East-Northeast How many feet? 115																																				
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:15%;">FROM</th><th style="width:15%;">TO</th><th style="width:10%;">CODE</th><th style="width:60%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>0.0</td><td>3.0</td><td></td><td>Concrete</td></tr><tr><td>3.0</td><td>25.0</td><td></td><td>Bentonite chips</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>					FROM	TO	CODE	PLUGGING MATERIALS	0.0	3.0		Concrete	3.0	25.0		Bentonite chips																				
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 09/04/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 09/05/07 under the business name of Quad State Services, Inc. by (signature) _____																																				
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																				