$\mathbf{W}_{A}$	ATER WELL PLUGGING RE	ECORD Form W			D NO.		
1	LOCATION OF WATER WELL: County: Daug LAS	Fraction NW4	NW <sub>4</sub> Section N		hip Number	Range Number	
	County: Distance and direction from nearest town or city street address of well if located within city?						
	1.5 miles EAST OF LAWRENCE City Limits						
2	WATER WELL OWNER: KDOT Global Positioning Systems (decimal degrees, min. of 4 digits Latitude:						
	RR#, St. Address, Box #: 1462 US Husky 40 Longitude:						
	RR#, St. Address, Box #: 1462 U.S Hussy 40  City, State ZIP Code:  Lawrence, KS 66044  Datum:  Data Collection Method:						
3	MARK WELL'S LOCATION	4 DEPTH OF WE	LL <u>39'</u>	ft.	***	· · · · · · · · · · · · · · · · · · ·	
	WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL3/ft					
	N X	WELL WAS USED AS:  Domestic 5 Public Water Supply 9 Dewatering					
	NW NE -						
		2 Irrigation		Water Supply	10 Monit	oring	
W	E	3 Feedlot		c (Lawn & Garden)			
	Was a chemical/bacteriological sample submitted to Department? YesNo						
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 / in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in.						
	Casing neight above or below land surface g m.						
6	6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 39 ft. to 29 ft., From ft. to ft., From ft. The state 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 Direction from well?						
	5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?						
		GING MATERIALS	FROM	TO PLU	UGGING MA	ΓERIALS	
	39-29 Benton	ice Hose pung					
	29-8 Rocklin	ing From Well	·				
	8+0 TOP.	Soil					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) under the business name of atches the design of the contractor of the contrac							
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cor Jac	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						
rec	records. Visit us at http://www.kdheks.gov/geo/waterwells.						