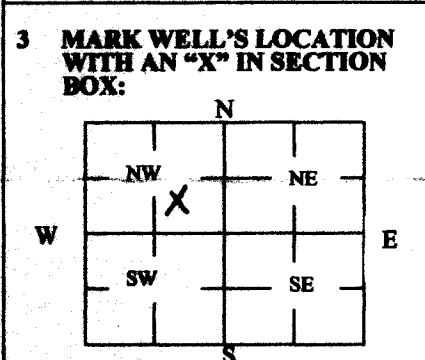


1 LOCATION OF WATER WELL: Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ NW (2) Section Number 4 Township Number T 13 S Range Number 20 E W
 County: DOUGLAS

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 1608 N 1400 Rd Lawrence, KS 66046
 Global Positioning Systems (GPS) information:
 Latitude: 38.951 (in decimal degrees)
 Longitude: -95.199 (in decimal degrees)
 Elevation: 855.74
 Datum: WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/Model: TRIMBLE RX)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: City of Lawrence
 RR#, St. Address, Box #: P.O. Box 708
 City, State ZIP Code: Lawrence, KS 66044



4 DEPTH OF WELL 52.3 ft.
 WELL'S STATIC WATER LEVEL 42.7 ft.
 WELL WAS USED AS:
 Domestic Irrigation Public Water Supply Dewatering
 Feedlot Oil Field Water Supply Monitoring
 Industrial Domestic (Lawn & Garden) Injection Well
 Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile
 Blank casing diameter 2" in. Was casing pulled? Yes No If yes, how much Complete
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other N/A
 Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
		<u>Casing was removed</u>	<u>during</u>	<u>excavation</u>	

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/17/15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A. This Water Well Record was completed on (mo/day/year) 2/20/15 under the business name of City of Lawrence 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.