

1	LOCATION OF WATER WELL: County: Butler	Fraction nw 1/4 nw 1/4 nw 1/4	Section Number 17	Township Number 26s	Range Number 3e																								
Distance and direction from nearest town or city street address of well if located within city? One mile west of Benton, KS on K-254																													
2	WATER WELL OWNER: KDOT, Attn: Kevin Adams, Bureau of Design																												
RR#, St. Address, Box #: Docking State Office Bldg Board of Agriculture, Division of Water Resources City, State, ZIP Code : Topeka, Kansas 66612 Application Number: none																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4 DEPTH OF WELL...unknown.....ft. WELL'S STATIC WATER LEVEL..15.0.....ft.																											
		WELL WAS USED AS: 10 (Monitor Well #8, See attached map) <table> <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 Lawn and Garden Only</td><td>11 Injection Well</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....												
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Was a chemical/bacteriological sample submitted to Department? Yes....No. X. If yes, mo/day/yr sample was submitted.....																													
Water Well Disinfected: Yes....X. No.....																													
5	TYPE OF BLANK CASING USED: 2																												
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.X.... If yes, how much..... Casing height above or below land surface.....30.....in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....																												
Grout Plug Intervals: From 13...ft. to 0...ft., From.....ft. toft., From..... to.....ft. unknown																													
What is the nearest source of possible contamination: <table> <tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr> <tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td>.....</td></tr> <tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td>UST excavation</td></tr> <tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr> <tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td>(See attached map)</td></tr> </table>						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	UST excavation	4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	(See attached map)				
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Direction from well? How many feet?																													
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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/year).....4/19/96.... 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).....5/31/96..... under the business name of Kansas Dept. of Transportation 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 and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.