

1 LOCATION OF WATER WELL: County: <b>Shawnee</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section Number <b>15</b>	Township Number <b>T 10 S</b>	Range Number <b>R 15 EW</b>
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Distance and direction from nearest town or city street address of well if located within city?

**6 miles north of Topeka**

2 WATER WELL OWNER: **Waste Management, Inc.**  
 RR#, St. Address, Box # : **3003 Butterfield Rd.**  
 City, State, ZIP Code : **Oakbrook, IL 60521**

Board of Agriculture, Division of Water Resources  
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: **45.0** ft. ELEVATION: **1025.5 (ground)**

Depth(s) Groundwater Encountered 1. **None** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **None** ft. below land surface measured on **mo/day/yr 8/31/84**

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **8** in. to **45.0** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Observation well

12 Other (Specify below) **Monitoring Well**

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  X \_\_\_\_\_; If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No  X \_\_\_\_\_

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <input checked="" type="checkbox"/> X _____

Blank casing diameter **4** in. to **45.0** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface \_\_\_\_\_ in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **5.0** ft. to **45.0** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **5.0** ft. to **45.0** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement  2 Cement grout  3 Bentonite  4 Other \_\_\_\_\_

Grout Intervals #3 From **3.0** ft. to **5.0** ft. #2 From **0.0** ft. to **3.0** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	<input checked="" type="checkbox"/> 16 Other (specify below) <b>Landfill</b>
			13 Insecticide storage	

Direction from well? **northwest** How many feet? **150**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	2.0	Topsoil			
2.0	9.0	Clay, Brown			
9.0	15.0	Limestone, Brown			
15.0	16.0	Limestone, Gray			
16.0	17.0	Shale, Gray			
17.0	18.0	Limestone, Gray			
18.0	33.0	Shale, Gray			
33.0	34.0	Limestone, Gray			
34.0	45.0	Shale, Gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **7/31/84** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **416**. This Water Well Record was completed on (mo/day/yr) **10/18/84** under the business name of **Terracon Consultants, Inc.** by (signature) *[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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.