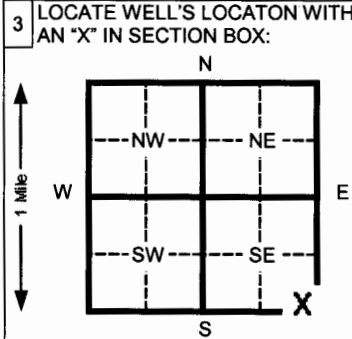


1 LOCATION OF WATER WELL: County: <b>Shawnee</b>	Fraction <b>NE ¼ NE ¼ NE ¼</b>	Section Number <b>35</b>	Township Number T <b>11</b> S	Range Number R <b>15</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">E/W</span>
---	-----------------------------------	-----------------------------	----------------------------------	---

Distance and direction from nearest town or city street address of well if located within city?

**2501 W. 6<sup>th</sup> Street, Topeka, Kansas**

2 WATER WELL OWNER: <b>Pemcor Refining Group</b> RR#, St. Address, Box # : <b>8182 Maryland Street, Suite 600</b> City, State, ZIP Code : <b>St. Louis, Missouri 63105-3721</b>	Board of Agriculture, Division of Water Resources Application Number:
---	--



4 DEPTH OF COMPLETED WELL <b>20.0</b> ft. ELEVATION: _____	Depth(s) Groundwater Encountered 1 <b>9.5</b> ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL <b>9.15</b> ft. below land surface measured on mo/day/yr <b>12/08/06</b>	
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	
Bore Hole Diameter <b>8.5</b> in. to <b>20.0</b> ft. and _____ in. to _____ ft.	
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well	
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)	
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10</b> Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____	
Water Well Disinfected? Yes _____ No <b>X</b>	

5 TYPE OF BLANK CASING USED:	5 Wrought Iron 8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR)	6 Asbestos-Cement 9 Other (specify below)	Welded _____
<b>2</b> PVC 4 ABS	7 Fiberglass	Threaded <b>X</b>
Blank casing diameter <b>2.375</b> in. to <b>5.0</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.	Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>	
TYPE OF SCREEN OR PERFORATION MATERIAL:		
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC	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 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)	6 Wire wrapped 9 Drilled holes	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From <b>20.0</b> ft. to <b>5.0</b> ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <b>20.0</b> ft. to <b>3.0</b> ft. From _____ ft. to _____ ft.		

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other	Grout Intervals From <b>0.0</b> ft. to <b>1.0</b> ft. From <b>1.0</b> ft. to <b>3.0</b> 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 13 Insecticide storage 16 Other (specify below)
Direction from well? <b>North</b>		How many feet? <b>60</b>

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Concrete
0.5	1.0		Aggregate
1.0	5.0		Gray-dark gray very silty clay, firm, moist
5.0	10.0		Gray-dark gray very silty clay, laminated, firm, moist, discolored dark gray-blue, hydrocarbon odor
10.0	20.0		Gray-dark gray very silty clay, laminated, firm-plastic, moist-very moist, discolored dark gray-blue, strong hydrocarbon odor
Flush-mount well completion waiver existent for site.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>12/05/06</b> and this record is true to the best of my knowledge and belief. Kansas	This Water Well Record was completed on (mo/day/yr) <b>12/12/06</b>
Water Well Contractor's License No. <b>692</b>	under the business name of <b>Quad State Services, Inc.</b> 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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T  
R

SEC