

1 LOCATION OF WATER WELL: County: Shawnee	Fraction SE 1/4 SW 1/4 SW 1/4	Section Number 9	Township Number T 11 S	Range Number R 15 <u>E</u> W
Distance and direction from nearest town or city street address of well if located within city? Approximately 3 miles north of Topeka		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.103283 Longitude: -95.759029 Elevation: Unknown Datum: NAD83 Data Collection Method: WAAS GPS Unit		

2 WATER WELL OWNER: Consolidated RWD #4 of Shawnee Co.
 RR#, St. Address, Box # : **3333 NW Button Rd.**
 City, State, ZIP Code : **P.O. Box 750777 Topeka, KS 66675**

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

<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">--NW--</td> <td style="width: 50%; text-align: center;">--NE--</td> </tr> <tr> <td style="width: 50%; text-align: center;">--SW--</td> <td style="width: 50%; text-align: center;">--SE--</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">x</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> </tr> </table>	--NW--	--NE--	--SW--	--SE--	W	E	x			S	<p>4 DEPTH OF COMPLETED WELL <u>60</u> ft.</p> <p>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.</p> <p>WELL'S STATIC WATER LEVEL <u>28.42</u> ft. below land surface measured on mo/day/yr <u>08-28-08</u></p> <p>Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well</p> <p>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering <u>12</u> Other (Specify below)</p> <p>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____ Temporary Supply Well</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____</p> <p>Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____</p>
--NW--	--NE--										
--SW--	--SE--										
W	E										
x											
	S										

5 TYPE OF 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 _____

2 PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter 5 in. to 0 - 46 ft., Diameter 5 in. to 56 - 58 ft., Diameter _____ in. to _____ ft.

Casing height above land surface 24 in., weight 2.36 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____

2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)

2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____

SCREEN-PERFORATED INTERVALS: From 46 ft. to 56 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 60 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 20 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 13 Insecticide Storage 16 Other (specify below)

2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well _____

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well _____ None known

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil			
5	11	Clay, dark gray, hard, sticky			
11	31	Clay, dark brown, hard, sticky			
31	56	Sand and gravel, medium to fine, loose			
		Clay streak at 36', black, soft			
		Clay streak at 52', brown, soft			
56	57	Limestone, brown, hard			
57	60	Shale, black, hard			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 08-28-08 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 09-02-08

Under the business name of Clarke Well & Equipment, 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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.